

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18432

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Heights Primary Registration District No. 6248H
 City Richmond (No. #28 Highland Terrace) Registered No. 110 Ward

2. FULL NAME

Allie Brady James
 (a) Residence, No. #28 Highland Terrace Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF H. Jenner James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58. 6. 13. — hrs. — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER

Ely Brady

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER

Virginia Dent

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tennessee

14.

INFORMANT H. J. James
 (Address) #28 Highland Terrace

15.

FILED 5/7 1928 C. R. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5th, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1927, to May 5, 1928
 that I last saw h. ex alive on May 4, 1928, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the Cervix

CONTRIBUTORY (SECONDARY)
46

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pathological exam

(Signed) C. E. Wright, M. D.

May 5, 1928 (Address) 903 Mumf. Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Valhalla Cem DATE OF BURIAL May 7th, 1928

20. UNDERTAKER

C. R. Rupton ADDRESS #4449 Street

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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BUREAU OF VITAL STATISTICS
PERMANENT RECORD

