

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

Do not use this space.

38081

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. North Baptist Church)

File No. ....

Registered No. **11235**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 5376 Maple Ave. St. 12 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)

Female

White

Married

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

J. N. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

46

6

11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waterbury

(STATE OR COUNTRY)

S Dakota

10. NAME OF FATHER

James Mc Curry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. York

12. MAIDEN NAME OF MOTHER

Janice Clough

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cresco Iowa

14.

INFORMANT

(Address)

J. N. Jones  
5376 Maple Ave

15. NOV 29 1930

FILED

19

Max C. Starkley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/17 1930, to 11/27 1930 that I last saw her alive on 11/27/30 and that death occurred, on the date stated above, at 10 10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of sigmoid  
466  
1220 (duration) 10 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

Obstructor of descending colon  
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

45  
DID AN OPERATION PRECEDE DEATH? yes DATE OF 11/4/30  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Carcinoma of sigmoid  
(Signed) Edw. J. White, M. D.  
, 19 (Address) 5938 Kingsbury

\*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

DATE OF BURIAL

Oak Grove Mausoleum Nov-29 1930

20. UNDERTAKER

ADDRESS

Alexander & Sons 6175 Delmar

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.

5930 Hampbury Cir. S 107 J.