

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

Do not use this space.

26133

1. PLACE OF DEATH  
 County St. Louis Registration District No. 189  
 Township Central Primary Registration District No. 60-930  
 City Wellston (No. 6307) Olla Ave.  
 2. FULL NAME Rachel M. Ledbetter  
 (a) Residence. No. 6307 Olla Ave., St. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. 255  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

AUG 29 1931

**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 M. M. Ledbetter  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 7 8  
 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)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 10. NAME OF FATHER Christian Sanders  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 12. MARRIED NAME OF MOTHER Mary Strain  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT M. M. Ledbetter  
 (Address) 6307 Olla Ave.  
 15. FILED 8/1 1931 Rolla D. Key M. S. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 - 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1930, to July 21, 1931, that I last saw her alive on July 31, 1931, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Carcinoma of uterus  
48 (duration) 3 yrs. mos. ds.  
 CORONARY (SECONDARY) not known  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, at place of death  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory  
 (Signed) R. Zell, M. D.  
8-1-1931 (Address) Trisco 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 DATE OF BURIAL  
Oak Hill Mo. Aug 2, 1931  
 20. UNDERTAKER ADDRESS  
Jos. W. Clark, 1175  
W. Madison Ave.

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.

Frisco Bldg.

1-6.