

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St Louis mo* (No. *4150 Lafayette*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *29580*
Registered No. *8604*
St. Ward)

2. FULL NAME

Mamie Harper
(a) Residence. No. *4150 Lafayette* St. *17* 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. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *11-10-1878*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>52</i>	<i>7</i>	<i>27</i>	

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) *Kansas*

10. NAME OF FATHER *James Wilson*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

12. MAIDEN NAME OF MOTHER *Mary Boring*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

14. INFORMANT *Arthur Harper* (Address) *4150 Lafayette*

15. FILED *AUG 10 1931* REGISTRAR *W. C. Barker*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *8-7* 19*31*

17. I HEREBY CERTIFY, That I attended deceased from *May 3 - 1930* to *Aug 7 - 1931* that I last *found* her alive on *Aug 7 - 1931*, and that death occurred, on the date stated above, at *10:40 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinomatosis (general)

50 (duration) yrs. mos. ds. *53 1/2* **CONTRIBUTORY (SECONDARY)** *Carcinoma left breast* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *1 yr. ago* WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *J. F. Probert* M. D. *49*, 19*31* (Address) *4500 Olive*

*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 *Sunset Cem.* DATE OF BURIAL *8-10 1931*

20. UNDERTAKER *Wm. Laughlin* ADDRESS *1631 no av*

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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