

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

Do not use this space.

33133

1. PLACE OF DEATH

County..... Registration District No. *781*
Township..... Primary Registration District No. *1003*
City *St Louis Mo* (No. *213*) *Dock St* St. _____ Ward _____

File No. _____
Registered No. **10031**
St. _____ Ward _____

2. FULL NAME *Maggie Hoard*

(a) Residence, No. *213 Dock* St., *26* 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

MEDICAL CERTIFICATE OF DEATH

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 *Joe Hoard*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 30 - 1858*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>73</i>	<i>3</i>	<i>25</i>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

MOTHER 13. NAME *Unknown Beyrus*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *M Hoard* (ADDRESS) *213 Dock St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Tricemus* DATE *Sept 28 1931*

19. UNDERTAKER *H. C. Lambright and Co* (ADDRESS) *2341 Marquette Ave*

20. FILED **SEP 28 1931** Registrar *W. C. [unclear]*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 25 1931*

22. I HEREBY CERTIFY, That I attended deceased from *4/2/1931*, to *9/25/1931*. I last saw him alive on *9/25/1931*. Death is said to have occurred on the date stated above, at *10:15 p.m.*

The principal cause of death and related causes of importance were as follows:
Carcinoma of Uterus
Other contributory causes of importance *48*

Name of operation *None* Date of _____
What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24: Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *H. C. Lambright, M.D.*
(Address) *5951 Natural Bridge*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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