

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

Do not use this space.

38970

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 701

City St Louis (No. Barnard & Blair & Canon Top St. Ward)

File No. 11098

Registered No. 11098

2. FULL NAME

(a) Residence No. 21 St. Ward Alton Ill
(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 <u>7</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>6</u>	<u>19</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) White Hall
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Unk

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

12. MAIDEN NAME OF MOTHER Unk

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

14. INFORMANT John Boehn
(Address) Alton Ill

15. FILED 11/5/31 W. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Nov 3, 1931 that I last saw her alive on Nov 3, 1931 and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma cervix uteri
with pelvic metastasis
Primary section cervix
with Bowel obstruction - peritonitis
(duration) - yrs. 6 mos. - ds.
CONTRIBUTORY (SECONDARY) Bowel obstruction - peritonitis
(duration) - yrs. - mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 23, 1931
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) F. G. Hedgecock, M. D.
11/3, 1931 (Address) 3427 Washington

*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 Alton Ill DATE OF BURIAL 11/5 1931

20. UNDERTAKER Bauer & Boehn ADDRESS Alton Ill

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.

James & Thomas
Walter Su.