

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

Do not use this space.

10023

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1160
 14 Township Central Primary Registration District No. 4470
 5 City University City (No. 7356, Cornell Ave) St. _____ (Ward)

File No. _____
 Registered No. 25

2. FULL NAME

Sallie M. Jack
 (a) Residence, No. 7356 Cornell 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Charles E. Jack
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1854
 7. AGE YEARS 78 MONTHS 0 DAYS 18 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 3/12/31, 1931, to 3/21/32, 1932.
 I last saw him alive on 3/20/32, 1932. Death is said to have occurred on the date stated above, at 4:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of breast Date of onset about 1929
50
 Other contributory causes of importance: (1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 13. NAME David Nicol
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland
 15. MAIDEN NAME Unknown Barlow
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT William Jack
 (ADDRESS) 7356 Cornell
 18. BURIAL, CREMATION, OR REMOVAL PLACE Baltimore, Md. DATE March 25, 1932
 19. UNDERTAKER Drehmann Funeral
 (ADDRESS) 1905 Union Blvd
 20. FILED Mar 21, 1932 Lena V. Mueller, Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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? _____
 If so, specify _____
 (Signed) Wm. Jack, M. D.
 (Address) 870 Alameda

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.

APR 29 1932

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