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.

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

Do not use this space. 21339

1. PLACE OF DEATH

County ..... Registration District No. 791 1006 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5897

City ST, LOUIS, MO. (No. ST, JOHNS HOSPITAL. St. ..... Ward)

2. FULL NAME DENA SCOFIELD.

(a) Residence, No. 4211 N. FLORISSANT AVE. St., 10 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): WIDOW.

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: BAMBRIDGE SCOFIELD.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/28/1869.

7. AGE: YEARS 62 | MONTHS 11 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

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.: RETIRED.
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): CINCINNATTI. OHIO.

FATHER

13. NAME: Unknown SIVERMANN.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NOT KNOWN.

MOTHER

15. MAIDEN NAME: DO NOT KNOW.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " "

17. INFORMANT (ADDRESS): Edw. O. Scofield 2349 HEBERT

18. BURIAL, CREMATION, OR REMOVAL
PLACE: HIRAM CEMETERY. DATE: 6/24/32. 19

19. UNDERTAKER (ADDRESS): Provost Und Co 3710 N. GRAND BLV'D.

20. FILED: JUN 23 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/21/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1932 to June 21, 1932

I last saw her alive on June 21, 1932. Death is said to have occurred on the date stated above, at 11-36 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Jan 1932
48	
1358	

Other contributory causes of importance: vesico-vaginal fistula Apr 1932

Name of operation X Date of .....

What test confirmed diagnosis? X 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) Grayson Carroll M. D.

(Address) 1020 Paul Bowen