

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

Do not use this space.

21557

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis. (No. Mo. Baptist Hospital.)

File No. ....  
Registered No. 6126  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5948 Cates. St. 5 Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph L. Ferguson.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 26, 1880</u>		
7. AGE YEARS <u>51.-</u>	MONTHS <u>8</u>	DAYS <u>4.-</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vianna Mo.</u>		
13. NAME <u>Geo. D. Underwood.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky.</u>		
15. MAIDEN NAME <u>Sarah C. Cummings</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Joseph L. Ferguson. 28410 Olive St. Road.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lake Charles.</u> DATE <u>July 2, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 1167-69 Hamilton Ave.</u>		
20. FILED <u>1-1 1932</u> <u>My C. J. ...</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1932 to 6-30, 1932

I last saw her alive on 4/29, 1932. Death is said to have occurred on the date stated above, 2:30 A.M.

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

General carcinoma  
50  
50

Other contributory causes of importance:  
Carcinoma of Breast the primary seat

Name of operation Removal breast Date of 4 yrs ago

What test confirmed diagnosis? Bio-psy. Was there an autopsy?

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 No

(Signed) W. D. Lincheta, M.D.  
(Address) Well St. St. Louis Mo

Date of onset  
2  
Subacute  
Breast  
removal  
4 yrs ago

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.

