

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

Do not use this space.

24783

File No. _____
Registered No. **6930**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **701**
Township _____ Primary Registration District No. **701**
City **St. Louis Mo** (No. **Seacross Hosp**)

2. FULL NAME

(a) Residence, No. **Verbal Book** St. **11** 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) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1893				
7. AGE YEARS 38	MONTHS 9	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. saleswoman			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store '13			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Ky			
	13. NAME George Book			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky			
MOTHER	15. MAIDEN NAME Jane Ellen			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky			
17. INFORMANT (ADDRESS) R G Book Henderson Ky				
18. BURIAL, CREMATION, OR REMOVAL PLACE Henderson Ky DATE July 31 1932				
19. UNDERTAKER (ADDRESS) Otis Benton Henderson Ky				
20. FILED 111 26 1932 19 May C Stanley Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 16 1931**, to **July 26 1932**
I last saw her alive on **July 25 1932** Death is said to have occurred on the date stated above, at **12:40 P.M.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast - (right) 50 47B 500
Date of onset **10-1-30**
Other contributory causes of importance: **Metastasis of Right Lung 5-3-32**
Name of operation **Amputation Rt. Breast** Date of **10/21/31**
What test confirmed diagnosis? **Autopsy** 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) **A. P. Sheffield** M. D.
(Address) **1020 McKean Bldg. St. Louis**

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.

