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.

33637

File No.

Registered No. 8909

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo (No. 3711a Evans Ave St. Ward)

2. FULL NAME Lavinia Connor

(a) Residence, No. 3711a Evans Ave 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1865

7. AGE YEARS 67 MONTHS 6 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Perry Co Mo

FATHER

13. NAME R. J. Tucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

MOTHER

15. MAIDEN NAME Candace Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Anna J. Manning 3711a Evans Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Center DATE Oct. 7, 1932

19. UNDERTAKER (ADDRESS) J. J. Dunn 1522 N. Grand Blvd

20. FILED OCT -6 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1932, to Oct 4th, 1932

I last saw her alive on Oct 4th, 1932. Death is said to have occurred on the date stated above, at 6.05 A m.

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

	Date of onset
Carcinoma of the Liver	1932
466	
928	
466	

Other contributory causes of importance:

Heart Disease Valvular	about 1 yr or

Name of operation Date of

What test confirmed diagnosis? Clinical 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) M. A. Crees, M. D.

(Address) 2626 Glasgow Av