

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

Do not use this space.

34172

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No.....  
Primary Registration District No.....

File No.....  
Registered No.....  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.....  
(Usual place of abode)

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 <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Samuel Blackwell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5-21-1892</i>		
7. AGE <i>40</i>	YEARS <i>5</i>	MONTHS <i>1</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Shoe 235</i>		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss 2</i>		
13. NAME <i>Miles Brooks</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
15. MAIDEN NAME <i>Elyia Belton</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
17. INFORMANT (ADDRESS) <i>A. Gertzel death #</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>10/27/1932</i>		
19. UNDERTAKER (ADDRESS) <i>W. C. Gordon Undert Co. 2649 Morgan Street</i>		
20. FILED <i>ST 27 1932 May 1 1932</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-22-1932*

22. I HEREBY CERTIFY, That I attended deceased from *10-4-1932* to *10-22-1932*  
I last saw h. alive on *10-22-1932* Death is said to have occurred on the date stated above, at *11:28* m.  
The principal cause of death and related causes of importance were as follows:  
*48 Cancer of Cervix*  
Date of onset *4 years*

Other contributory causes of importance: *4-8* *(1)*

Name of operation *Ch. Exc.* Date of *3*  
What test confirmed diagnosis *Ch. Exc.* 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 *C. G. Robinson* M. D.  
(Signed) *C. G. Robinson*  
(Address) *City Hospital #2*

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.

