

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.

JAN 9 1933

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

Do not use this space.

36081

1. PLACE OF DEATH

49 County Missouri
7 Township Madison
5 City St. Louis (No. 873)

Registration District No. 414
Primary Registration District No. 2462

File No. 2
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1892

7. AGE YEARS 40 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife
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) St. Louis, Mo.

FATHER 13. NAME Lee Griggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Jane English

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) James De Witt

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE 11 14 33

19. UNDERTAKER (ADDRESS) Wm. H. Smith

20. FILED 11/13 33 Chenon Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2-1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 32 to Nov 1 32

I last saw her alive on Nov 1 32 Death is said to have occurred on the date stated above, at 5:00 p. m.

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

Carcinoma of uterus
H&G
48
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19 _____

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no Nature of injury no (1)

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) V. G. Kennedy, M. D.

(Address) St. Louis, Mo.

