

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

Do not use this space.

37785

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis.

Registration District No. 791  
Primary Registration District No. 10033  
(No. II47 North Euclid Ave)

File No.....  
Registered No. 10487  
St..... Ward.....

**2. FULL NAME** Mrs. Fannie Lee Parkinson

(a) Residence, No. II47 Euclid Ave St. 12 Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. 10 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/12/1867  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 3 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... New York (STATE OR COUNTRY) 2

13. NAME John Mc Bride

14. BIRTHPLACE (CITY OR TOWN)..... New York (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN)..... New York (STATE OR COUNTRY)

17. INFORMANT John Parkinson (ADDRESS) 1147 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set DATE 11/28/32

19. UNDERTAKER Bessie Nichols (ADDRESS) 1138 - No. 6th St.

20. FILED 27 1932 W. E. Hartley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1932  
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932 to Nov 25, 1932  
I last saw her alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma  
Uterus  
48  
48  
Other contributory causes of importance:

Date of onset 11/9/32

Name of operation Removal Uterus Date of 5/28/32  
What test confirmed diagnosis? histology 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) O. J. Greer M. D.  
(Address) 634 N Grand Blvd

MARGIN RESERVED FOR BINDING  
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.

Manomet  
Theatre  
Rldg.