

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.

AUG 20 1933

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

Do not use this space.

24241

1. PLACE OF DEATH

County 2 St. Louis
Township St. Ferdinand
City.....

Registration District No. 784
Primary Registration District No. 6030
(No. Cumberland & Midland Rds)

File No.
Registered No.
Ward)

2. FULL NAME Jessie Griffin Cullom

(a) Residence, No. Cumberland & Midland Roads 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1886

7. AGE YEARS 46 MONTHS 10 DAYS 27 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dallas (STATE OR COUNTRY) Texas

13. NAME Jessie Griffin

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

15. MAIDEN NAME Josephine Atwood

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

17. INFORMANT Char. K. Cullom (ADDRESS) Cumberland & Midland Rds

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Aug 2 - 33

19. UNDERTAKER C.R. Lipton & Sons (ADDRESS) 4449 Olive Street

20. FILED 8-3 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 4, 1931 to July 31, 1933. I last saw her alive on July 16, 1933. Death is said to have occurred on the date stated above, at 1:45 a.m.

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

Carcinoma of Cervix (uterus) Date of onset 1930

Other contributory causes of importance:

23. Name of operation Hysterectomy Date of July 1932
What test confirmed diagnosis? Microscopic 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) Charles F. Sherwin, M. D.
(Address) 3720 Washington St. Louis Mo.

Miss J. Sherman

3-5

3720 Washington

3-5 P.M.