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.

SEP 26 1933

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

Do not use this space.

28281

791

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 7417

Township ..... Primary Registration District No. 003 Registered No. .....

City St. Louis Mo (No. The Barnard Free Skin and Cancer Hosp St. 3427 Washington Ward)

2. FULL NAME Edna McGiffort

(a) Residence, No. 1726 Pendleton St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 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: Colored
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-25-1871

7. AGE: 61 YEARS | MONTHS: 8 | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co., Alabama

FATHER

13. NAME: Richard McGiffort
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Lettie Harley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Evelyn McGhee 1726 N. Pendleton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: 8/28 1933

19. UNDERTAKER (ADDRESS): Chas. J. Yates 4107 Finney Ave.

20. FILED AUG 28 1933 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/25, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1933, to 8/25, 1933

I last saw her alive on 8/25, 1933. Death is said to have occurred on the date stated above, at 10:05 p.m.

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

	Date of onset
Peritonitis	8/23/33
53	
Other contributory causes of importance:	
Cancer of bladder	?

Name of operation: Ureteral Transplant Date of 8/23/33

What test confirmed diagnosis? — 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) J. Tansey, M. D.

(Address) 3427 Washington Av.