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.

OCT 20 1933

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 28892
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 167
City ~~Poplar Bluff~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Bessie May Singleton
(a) Residence, No. West Highway ½ Mile West of Poplar Bluff
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 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: E. Singleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): None

7. AGE: YEARS 39 — MONTHS — DAYS None — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY): Ellington Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): E. Singleton Poplar Bluff, Mo.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE ..... DATE Oct. 1, 1933

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Oct 3, 1933 B. J. Cling, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Sept 29, 1933
I last saw her alive on Sept 27, 1933. Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	1932
48	

Other contributory causes of importance:

Name of operation None Radiation Date of Dec 1932
What test confirmed diagnosis? microscope 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?
If so, specify
(Signed) Wm Henrickson, M. D.
(Address) Poplar Bluff Mo