

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.

NOV 10 1933

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

Do not use this space.

34600

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 792  
City St. Louis (No. 2344 Car)

File No.....  
Registered No. 8759  
St. .... Ward)

2. FULL NAME

Georgia Gray  
(a) Residence, No. 2344 Car St. 21 Ward.

(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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress  
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) Ill.

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) Pearl R. Scott  
2435 Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct 9 1933

19. UNDERTAKER (ADDRESS) Dement - son  
2700 West 28

20. FILED Oct 4 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1933, to Oct 5 1933

I last saw her alive on Oct 5 1933. Death is said to have occurred on the date stated above, at 12 m.

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

48  
Cancer of Uterus Date of onset Prob  
Progr

Other contributory causes of importance: HO

Name of operation 9 Date of 9  
What test confirmed diagnosis? Clin 2 p. 10 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. G. Walthall M. D.  
(Address) 1001 1/2 Jefferson

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on  
 the subject of the above-captioned tract of land.  
 The tract of land described in the above caption is  
 situated in the County of [County Name], State of [State Name].  
 The tract of land is bounded on the north by [Description],  
 on the south by [Description], on the east by [Description],  
 and on the west by [Description]. The area of the tract  
 is approximately [Area] acres. The tract is owned by  
 [Owner Name], who is the holder of the title to the tract.  
 The tract is subject to the following conditions:  
 1. The tract is to be used for [Purpose].  
 2. The tract is to be maintained in a state of  
 [Condition].  
 3. The tract is to be [Other Condition].  
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 Department of the Interior, Bureau of Land Management, on  
 the subject of the above-captioned tract of land.