

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

Do not use this space.

34734

**1. PLACE OF DEATH**

City Saint Louis (No. 4285 Saint Louis Avenue ..... Ward) 10  
 Registration District No. ....  
 Township ..... Primary Registration District No. ....  
 File No. ....  
 Registered No. 8897 ..... (Ward)

**2. FULL NAME** Belle Perkins

(a) Residence, No. 4285 Saint Louis Avenue 10 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 52 yrs. 11 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) Married  
 5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND (OR) WIFE OF Thomas B. Perkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1880  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 11 0

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) Saint Louis (STATE OR COUNTRY) Missouri

MOTHER FATHER  
 13. NAME Charleston Tandy

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

MOTHER  
 15. MAIDEN NAME Sanabelle Procter

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

17. INFORMANT Thomas B. Perkins (ADDRESS) 4285 Saint Louis Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE 10/14 1933

UNDERTAKER Charles G. Gatis (ADDRESS) 4107 Finney Avenue

FILED 11 20 1933 J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933 to Oct 10, 1933  
 I last saw her alive on Oct 10, 1933 Death is said to have occurred on the date stated above, at 1:25 P.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma uteri Date of onset 48  
179  
 Other contributory causes of importance: Leuc  
Arteriosclerosis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? Yes  
 If so, specify Dr. W. Stewart Baldwin (Signed) 925 1/2 Jefferson Ave, M. D.  
 (Address)

-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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 10 1933

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