

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

Do not use this space.
38152

1. PLACE OF DEATH

County..... Registration District No. **91**
 Township..... Primary Registration District No. **03**
 City **St. Louis** (No. **St. Lukes Hospital**)
 Registered No. **9786** (Ward)

2. FULL NAME

(a) Residence, No. **12** St., **Charleston Mo**
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Wofford Wade</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 2 - 1896</i>		
7. AGE YEARS <i>37</i>	MONTHS <i>9</i>	DAYS <i>9</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Home wife</i>		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation. <i>12 1/2</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Charleston Mo</i>		
13. NAME <i>Natt D. Lee</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>ky</i>		
15. MAIDEN NAME <i>Margaret Waller</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Charleston Mo</i>		
17. INFORMANT <i>Wofford Wade</i> (ADDRESS) <i>Charleston Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Charleston Mo</i> DATE <i>11 - 14 33</i>		
19. UNDERTAKER (ADDRESS) <i>Fair View Co</i> <i>Charleston Mo</i>		
20. FILED <i>NOV 13 1933</i> <i>J. J. Bredeck</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 11, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 27, 1933* to *Nov. 11, 1933*
 I last saw h. *Er.* alive on *Nov. 11, 1933* Death is said to have occurred on the date stated above, at *8 1/2 p.m.*
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction
Catastrophic obstruction
caused by Cancer of Uterus
 Other contributory causes of importance:
Carcinoma of uterus

Name of operation *Hysterectomy* Date of *Oct. 30, 33*
 What test confirmed diagnosis? *Microscopic* Was there an autopsy? *yes*

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) *George J. Allen* M. D.
 (Address) *1215 S. 4th St. St. Louis Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 3 1934

