

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

Do not use this space.

38202

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 2-23
City St. Louis (No. 615-Blanca Ave)

File No.....
Registered No. 9839
St. Ward)

2. FULL NAME

(a) Residence, No. 6158 Blanca Ave St. 138 Ward 5
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Don Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27th 1883

7. AGE 50 YEARS 2 MONTHS 17 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Troy Tennessee (STATE OR COUNTRY)

13. NAME Case J. Crockett

14. BIRTHPLACE (CITY OR TOWN) Troy Tennessee (STATE OR COUNTRY)

15. MAIDEN NAME Bidie E. Evans

16. BIRTHPLACE (CITY OR TOWN) Ebenezer Tennessee (STATE OR COUNTRY)

17. INFORMANT Case J. Crockett (ADDRESS) Detroit Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Kentucky DATE Nov 15 1933

19. UNDERTAKER Wagoner, Fred, Co (ADDRESS) 362 Olive St.

20. FILED NOV 15 1933 19 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1933, to Nov 14 1933

I last saw him alive on Nov 14 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

General Carcinomatosis of abdomen - origin ovaries.

Other contributory causes of importance: 53E

Name of operation Removal of polyp Date of 5/22/33

What test confirmed diagnosis? spec Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓ 1933

Where did injury occur? no (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) James A. Farsen M. D. (Address) Wall Bldg.

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. MAR 3 1934

