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.

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

Do not use this space.

1. PLACE OF DEATH
County ~~St. Louis~~
Township
City St. Louis (No. ..... St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 2731
Registered No. 365

2. FULL NAME Tera Bell Owens
(a) Residence, No. 1449 N. 18th St., 25 Ward.
(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 Female
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. Owens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE Years About 53 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Housework
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) Louisiana Mo.

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

MOTHER
15. MAIDEN NAME Lucarda Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo.

17. INFORMANT (ADDRESS) John D. Owens 1449 N. 18th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Falder Dickson DATE 1-11 1934
19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co. 4202 Finney Ave
20. FILED JAN 10 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan/5, 1934 to Jan/11, 1934
I last saw her alive on Jan/5/34, 19..... Death is said to have occurred on the date stated above, at 6:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	1yr
48	

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? 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) [signature] M. D.
(Address) 1336 Franklin