

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.

APR 25 1934

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

Do not use this space.

10548

File No.
Registered No. 2363
St. Ward)

PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City (No. St. Marie's Infirmary)

2. FULL NAME

Florence Freeman
(a) Residence, No. 26 South Rankin St. 18 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 17

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. Laundress
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) St. Louis, Mo.

MOTHER FATHER
13. NAME John Keys

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

15. MAIDEN NAME Elizabeth Benja

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

17. INFORMANT (ADDRESS) Mary Freeman 26 So Rankin

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3-8 1934

19. UNDERTAKER (ADDRESS) Snell & Randle 926 No. Leonard Ave

20. FILED J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1933, to March 3, 1934

I last saw her alive on March 3 1934. Death is said

to have occurred on the date stated above, at 11:15 P.M.

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

Primary Carcinoma of Lymph glands & Central Degeneration + toxic changes in all parenchyma.

Other contributory causes of importance:

Chronic Cholecystitis and Cholelithiasis

Date of onset

8
5:11
1:11

Name of operation S Date of 3

What test confirmed diagnosis? S 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?

If so, specify

(Signed) P. W. White, M. D.

(Address) St. Marie's Infirmary

