

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1000**
 City **St. Louis** (No. # **19, Kingsbury Pl.**) St. _____ Ward) _____

File No. **15078**
 Registered No. **4251**

2. FULL NAME

Anna Force Smith
 (a) Residence, No. **Park Plaza Hotel** Ward. **14**
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **S. G. L. Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 4 - 1881**

7. AGE YEARS **53** MONTHS **1** DAYS **24** If LESS than 1 day, hrs. or min.

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..... **at home**
 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**

13. NAME **Houston T. Force**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charleston, S. C.**

15. MAIDEN NAME **Anna Lumpkin**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis, Tenn.**

17. INFORMANT **Delphine Force** (ADDRESS) **19 Kingsbury Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Ceme** DATE **April 28, 1934**

19. UNDERTAKER (ADDRESS) **P. B. Supton, + Sons, #4449 Olive Street**

20. FILED **47** 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 17, 1934** to **April 26, 1934**
 I last saw her alive on **April 26, 1934**. Death is said to have occurred on the date stated above, at **8:30 p. m.**

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

Cancer of breast with metastases to bones Date of onset **1932**

Other contributory causes of importance: **50 yrs**

Name of operation **Removal of breast** Date of **1932**
 What test confirmed diagnosis? **Xray** 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) **Samuel B. Grant** M. D.
 (Address) **3728 Washington Blvd**

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.

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3920 Washington