

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.) St. Ward)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **22586**
Registered No. **6423**

2. FULL NAME

(a) Residence, No. **1923** St. **Admery** Ward **23** (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **51** yrs. mos. as. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1934**

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

22. I HEREBY CERTIFY That I attended deceased from **6/27**, 19**34**, to **6/28**, 19**34**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 8, 1883**

I last saw her alive on **6/28**, 19**34** Death is said to have occurred on the date stated above, at **5:30** p. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 5 20

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Book**
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.....

Carcinoma cervix & metastasis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

Date of onset **48**
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

13. NAME **Frances Putang**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

15. MAIDEN NAME **Mary Day Benoi**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Raymond M. Best City Supt.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old Leta, Mo.** DATE **June 30, 1934**

19. UNDERTAKER (ADDRESS) **Cullington Bros. 1710 N. Grand Blvd.**

20. FILED **19 29 1934** **J. Bredeck** Registrar.

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) **Lewis Ent** M. D.
(Address) **City Supt. #1**

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.

WHILE FADING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

