

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.

31158

1. PLACE OF DEATH

County.....

Township.....

City *St. Louis.*

Registration District No. **791**
1003

Primary Registration District No.

(No. *Mo Baptist Hospital*)

File No.

Registered No. **8457**

St. Ward)

2. FULL NAME

(a) Residence, No. *L 334018 Winchago* St. *16* 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Noah J. Gorman*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 8, 1874*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 7 9

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) (STATE OR COUNTRY) *Nashville Illinois*

MOTHER FATHER 13. NAME *John Burton*

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

MOTHER 15. MAIDEN NAME *Mathilda Lawrey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New Jersey*

17. INFORMANT *Mr. Noah J. Gorman* (ADDRESS) *4018 Winchago Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Nashville Ill.* DATE *Aug 20 1934*

19. UNDERTAKER *Shepard Funeral Home* (ADDRESS) *1167-69 Hamilton Ave*

20. FILED *AUG 18 1934* *J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 17 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 4* 19*34* to *Aug 17* 19*34*

I last saw her alive on *Aug 17* 19*34* Death is said to have occurred on the date stated above, at *12:4* a.m.

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

Carcinoma uterus known

Other contributory causes of importance: *44*

Name of operation..... 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?.....

If so, specify *Carcinoma*

(Signed) *[Signature]* M. D.

(Address) *1074 Ardmore*

