NOV 13 1934

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

Do not use this space.

37545

File No.
Registered No. 9990

1. PLACE OF DEATH

County
Township
City St. Louis Mo (No. City Hospital #2. St. Ward)

Registration District No. 791
Primary Registration District No. 1005

2. FULL NAME Julia Hart

(a) Residence, No. 1005A N-11th 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 11 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6-1879

7. AGE: YEARS 54 | MONTHS 10 | DAYS 2 | 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) Arkansas

FATHER
13. NAME Henry Clay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER
15. MAIDEN NAME Dora Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT Ruby Terrell (ADDRESS) 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickman DATE Oct. 16, 1934

19. UNDERTAKER F. A. Green (ADDRESS) 3915 Franklin Ave.

20. FILED OCT 12 1934 19 J. H. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 — 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-28 — 1934, to 10-8 — 1934
I last saw her alive on 10-8 — 1934. Death is said to have occurred on the date stated above, at 7:40 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset 9-28-34
50

50

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical 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) William A. Tuckley M. D.
(Address) 2945 - Lawton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD