

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.

DEC 13 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo (No. Barnes Hospital)

File No. 41056
Registered No. 11005
St. _____ Ward _____

2. FULL NAME Cornie Mae Perkins

(a) Residence, No. 2507 Goode Ave st. 11 Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unavailable 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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Clayborn Perkins		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u> 1896		
7. AGE YEARS 37	MONTHS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation. Unk.
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)		
12. BIRTHPLACE (CITY OR TOWN) Mobile (STATE OR COUNTRY) Alabama		
13. NAME George Poe		
14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY)		
15. MAIDEN NAME Estel Washington		
16. BIRTHPLACE (CITY OR TOWN) Mobile (STATE OR COUNTRY) Alabama		
17. INFORMANT Clayborn Perkins (ADDRESS) 2507 Goode Avenue		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 19, 1934		
19. UNDERTAKER Charles G. Baker (ADDRESS) 4107 Finney Avenue		
20. FILED UV 19 1934 J. T. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13-1934 to 11-16-1934
I last saw her alive on 11-16-1934 Death is said to have occurred on the date stated above, at Law m.
The principal cause of death and related causes of importance were as follows:
Squamous Cell Carcinoma of Cervix Uteri; with generalized carcinomatous metastases; primary unknown
Other contributory causes of importance:
anatomous right kidney with hydrocephalus

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) **Ralph W. Sudgrass**, M. D.
(Address) **Barnes Hospital**
St. Louis, Mo.

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