

DEC 13 1934

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

Do not use this space.

41212

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 4067th Page Ave)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. Pearl Gardner

(Usual place of abode) 4067th Page Ave

St. 11

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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)

Widow

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

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

Feb 9th 1891

7. AGE

YEARS

43

MONTHS

9

DAYS

13

IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School Teacher

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)

Alton Ill

13. NAME

Jessie Terpening

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

Alton Ill

15. MAIDEN NAME

Mary Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Alton Ill

17. INFORMANT (ADDRESS)

Phillip Gardner 4067th Page Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE

Ward Church Nov 26 1934

19. UNDERTAKER (ADDRESS)

School Carroll 4000 Natural Bridge

20. FILED

DEC 22 1934

19

J F Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 22 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 16, 1934, to Nov. 22, 1934

I last saw him alive on Nov. 22, 1934. Death is said

to have occurred on the date stated above, at 5 P. m.

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

Date of case

Cancer of Cervix uteri

March 1934

Primarily in cervix

Other contributory causes of importance:

48

23. Name of operation

Radical Hysterectomy

What test confirmed diagnosis? Clinical 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 August 5 - liver

(Signed) August 5 - liver, M. D.

(Address) 1045 Missouri Bldg

WRITE PLAINLY, WITH UNFAADING INK--THIS IS A PERMANENT RECORD

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.

