WRITE PLAINLY, WITH UNFADING 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.

FEB 21 1935

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

Do not use this space.

3032

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Lutheran Hosp. St. ..... Ward)

File No. ..... Registered No. 264

2. FULL NAME Victorine Terry

(a) Residence, No. Vienna Mo. St., NR Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: T. J. Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About ~~7 years~~ 1856

7. AGE: abt. 78 YEARS; MONTHS: 0; DAYS: 0; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Crawford Mo.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): N. C. Birmingham, Vienna Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Vienna Mo. DATE: Jan 9 - 1935

19. UNDERTAKER (ADDRESS): Ziegenhein Bros, 2623 Cherokee St.

20. FILED: JAN 10 1935, 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35, 19..., to 1-7-35, 19...

I last saw her alive on 1-7-35, 19... Death is said to have occurred on the date stated above, at 4:40 P m.

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

Carcinoma of Left Breast with Metastases — Date of onset: 1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Theo. H. Hauser, M. D.

(Address) 3651 Grandel Square