

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

Do not use this space.

FEB 2 1 1935

791

1003

3609

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis*

(No. *St. Lukes Hosp*)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *14 Thornby Pl.*

(Usual place of abode)

St. *5*

Ward.....

(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)

Widow

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

Robert Preston James

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

Sept. 4 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

73

4

21

OCCUPATION

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

house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

at home

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)

St. Louis Mo.

13. NAME

Thos. A. Hutchins

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

St. Louis Mo.

15. MAIDEN NAME

Jane E. Targers

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

St. Louis Mo.

17. INFORMANT (ADDRESS)

Mrs. W. H. Hutchins 14 Thornby Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Bellefontaine* DATE *1-28* 1935

19. UNDERTAKER (ADDRESS)

Alexander & Sons 617 S. Delmar

20. FILED

25 1935

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 25 1935

22. I HEREBY CERTIFY That I attended deceased from

Oct. 27 1934 to Jan. 25 1935

I last saw him alive on *Jan. 24 1935* Death is said

to have occurred on the date stated above, at *5:30 A.M.*

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

Carcinoma - Intestine - Large

Date of onset *1931*

Other contributory causes of importance:

*Quemmo - Peritonitis
Obstruction - Intestine
Carcinoma - Intestine - Large - abd.*

Many years ago 1935

Name of operation *Curettage - Intestine* Date of *Oct. 27 1934*

What test confirmed diagnosis *Section* 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? *No*

If so, specify

(Signed) *Omar R. Swin* M. D.

(Address) *1017 Beaumont Bldg. St. Louis, Mo.*

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.

Belgian