

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.

MAR 5 5 1935

791

7295

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 1003)

City Hospital #2.

File No.....

Registered No. 1718

St. Ward)

2. FULL NAME

(a) Residence, No. 204 - S - 16th St., (near) Ward 25 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 25 2 5

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.

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) Mississippi

13. NAME Laura Joubert

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

15. MAIDEN NAME Laura? (Unknown)

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

17. INFORMANT Ruby Redman

18. BURIAL, CREMATION, OR REMOVAL

PLACE East St. Louis, Ill. DATE Feb 20 1935

19. UNDERTAKER J. H. Marshall

(ADDRESS) East St. Louis, Ill.

20. FILED FEB 20 1935

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 17 - 1934, to 2 - 17 - 1934

I last saw her alive on 2 - 17 - 1934 Death is said

to have occurred on the date stated above, at 8:05 P.

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

Carcinoma of Cervix Date of onset 10-17-34

Other contributory causes of importance

Mrs. Redman acute death by carcinoma

Name of operation Clinical Date of

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

(Signed) J. Owen Blaghe, M. D.

(Address) 2945 - Lawton

