APR 9 1935

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

Do not use this space.

791

10543

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2154

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

2. FULL NAME Ethel Zora Tennant

(a) Residence, No. ..... St. N R Ward. Malden Mo RR#2
(Usual place of abode) (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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

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

7. AGE: abt. 34 ? YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Bernie, Mo

FATHER

13. NAME: Roscoe Overfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky ?

MOTHER

15. MAIDEN NAME: Adam

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

17. INFORMANT (ADDRESS): Barnes Hospital Miss Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Malden Mo 3-6-35

19. UNDERTAKER (ADDRESS): W. L. Gray Malden Mo

20. FILED MAR - 4 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 31 - 1935, to 3 - 4 - 1935

I last saw her alive on 3 - 4 - 1935. Death is said to have occurred on the date stated above, at 6 a m.

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

Carcinoma of the breast
Lupus erythematosus

Date of onset

50

Other contributory causes of importance:

Name of operation Biopsy Date of .....

What test confirmed diagnosis? Autopsy 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) Carl G. Harford, M. D.

(Address) Barnes Hospital

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.

Main FF60