

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.

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003 #2**
City **St. Louis Mo.** (No. **City Hospital #2**) St. _____ Ward _____

File No. **11057**
Registered No. **2688**

2. FULL NAME

Beatrice Hill
(a) Residence, No. **2920 - Sheridan 21** Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **13** 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) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29 1871**
7. AGE YEARS **53** MONTHS **7** DAYS **17** If LESS than 1 day, _____ hrs. or _____ min.

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. **Nil**
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) **Georgia**

13. NAME **Rock Hill**

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

15. MAIDEN NAME **Almeda Woods**

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

17. INFORMANT **Dr. J. P. Perkins**
(ADDRESS) **2945 - Lawton Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Nelson** DATE **3/22**, 19**35**

19. UNDERTAKER **W. C. Gordon**
(ADDRESS) **2649 - 51 Delmar Blvd.**

20. FILED **MAR 22 1935** **J. Brebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 15th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **3-13**, 19**35**, to **3-15**, 19**35**
I last saw h. w. alive on **3-15**, 19**35** Death is said to have occurred on the date stated above, at **9:35 P.**

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

Carcinoma of Breast (malignant) Date of onset **3-13-35**
50

Other contributory causes of importance: **Abdominal Viscera**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) **William H. Sigler, M. D.**
(Address) **2945 - Lawton Blvd.**

