

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.

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

Do not use this space.

MAY 13 1935

14673

1. PLACE OF DEATH

County .....  
Township *St. Louis Mo* .....  
City *St. Louis Mo* (No. *City Hospital #2*)

Registration District No. **791**  
**1003**  
Primary Registration District No. *#2*

File No. ....  
Registered No. **3509** .....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. *222 - Miller* St. *23* Ward.

Length of residence in city or town where death occurred *18* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow* (Use the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 20 1903*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<i>31</i>	<i>7</i>	<i>24</i>	

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

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

FATHER 13. NAME *Adam Ward*

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

MOTHER 15. MAIDEN NAME *Cora Jones*

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

17. INFORMANT *Judy Perdue* (ADDRESS) *2145 - Lantier*

18. BURIAL, CREMATION, OR REMOVAL PLACE *C. St. Louis* DATE *4/18* 1935

19. UNDERTAKER *R. M. C. Green* (ADDRESS) *3517 Pacific ave*

20. FILED DD *18* 1935 (Address) *J. B. Debeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 14<sup>th</sup> 1935*

22. I HEREBY CERTIFY, That I attended deceased from *3 - 19 - 1935* to *4 - 14 - 1935*

I last saw him alive on *4 - 14 - 1935* Death is said to have occurred on the date stated above, at *11:50 A.M.*

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

*Carcinoma of Stomach* Date of onset *3-17-35*

Other contributory causes of importance: *46*

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 .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify *William H. Sinkless*

(Signed) *William H. Sinkless* (Address) *2945 - Lantier Blvd*

