

JUL 12 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**
City **St. Louis** (No. **4414**, **St. Ferdinand**)

17876

File No.
Registered No. **4191**
St. Ward)

2. FULL NAME

Mrs. Zenobia J. Cameron
(a) Residence, No. **4414 St. Ferdinand**, Ward. **11** (If nonresident, give city or town and State)
(Usual place of abode)
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) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1900**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt 35

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. **House wife**
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) **Mounds, Ill.**

MOTHER / FATHER 13. NAME **S. J. Carr**

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

15. MAIDEN NAME **Etta Smith**

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

17. INFORMANT **A. J. Cameron**
(ADDRESS) **4414 St. Ferdinand**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **May 9, 1935**

19. UNDERTAKER (ADDRESS) **W. T. Gordon and Co. 2649-51 Webster Street**

20. FILED **MAY - 9 1935** 19 **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3rd 1935**

22. I HEREBY CERTIFY, That I attended deceased from **4-15-35**, 19**35**, to **5-3-35**, 19**35**.
I last saw her alive on **5-3-35**, 19**35**. Death is said to have occurred on the date stated above, at **10 P. m.**
The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Breast - Ductectasis 23d
Other contributory causes of importance: **50**

Name of operation 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. J. Humphrey**, M. D.
(Address) **822 a. w. Jefferson**

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.

