

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

Do not use this space.

JUL 12 1935

21101

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... **1008**  
 City **St Louis** (No. **1104 a North Lindleton**)

File No.....  
 Registered No. **5016**  
 St..... Ward.....

**2. FULL NAME**

(a) Residence, No. **1104 a N Lindleton** St., **11** Ward.  
 (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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Shoby.</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 24 1890</i>		
7. AGE	YEARS <i>44</i>	MONTHS <i>6</i>
	DAYS <i>12</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Work.</i>	
	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) <i>Jefferson City Mo.</i>		
FATHER	13. NAME <i>Henry Gaines</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fulton Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Jane Hoard.</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fulton Mo.</i>	
17. INFORMANT (ADDRESS) <i>James Shoby, 1104 a N. Lindleton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>6-8-35</i>		
19. UNDERTAKER (ADDRESS) <i>Marmel Und. Co. 4059 Broadway</i>		
20. FILED ON <i>8-1935</i> 19..... <i>J. F. Bredeck, Registrar.</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-6-1935*

22. I HEREBY CERTIFY, That I attended deceased from *April 16-35* to *June 6-35*, 19*35*.  
 I first saw her alive on *June 6-35*, 19*35*. Death is said to have occurred on the date stated above, at *4:30 a.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Cancer of the Uterus* Date of onset *4-16-35*

Other contributory causes of importance:  
*None*

Name of operation..... Date of.....  
 What test confirmed diagnosis? *None* 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? *NO*  
 If so, specify *None*

(Signed) *P. W. Johnson* M. D.  
 (Address) *1046 N. Grandcenter*

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*Johnson*