

AUG 9 1935

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

Do not use this space.

21682

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **791**
City *St Louis* (No. *5232 Thidoria*) St. Ward.....

File No.....
Registered No. **5688**
St. Ward.....

2. FULL NAME

(a) Residence No. *5232 Thidoria* St. *6* 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>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 24 1884</i>		
7. AGE YEARS <i>55</i>	MONTHS <i>11</i>	DAYS <i>26</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stenographer</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) <i>Mar 30 1935</i>		11. Total time (years) spent in this occupation <i>30</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis</i>		
13. NAME <i>John Randall</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>		
15. MAIDEN NAME <i>Julia Collins</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>M. I.</i>		
17. INFORMANT (ADDRESS) <i>Tracy Dean 5232 Thidoria</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>July 2 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Carlton K. Hill 1025 1/2 N. 7th St</i>		
20. FILED 19 <i>24</i> <i>1935</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30 1935*

22. I HEREBY CERTIFY that I attended deceased from *April 30 1935* to *June 30 1935*
I last saw him alive on *June 28 1935* Death is said to have occurred on the date stated above, at *4 1/2* m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of pleura secondary to Carcinoma of Right Breast
Other contributory causes of importance:
primary of Left Breast

Name of operation *hormone therapy in 1931* Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *L. H. Thompson*, M. D.
(Address) *203 Hawthorne Bldg*

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.

