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.

25443

AUG 22 1935

1. PLACE OF DEATH
County Wayne Registration District No. 1057
Township Green Primary Registration District No. 6214
City ~~Greenville~~ (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Joe E. Black

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 1908

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	5	24	

OCCUPATION

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

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) Jan. 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford, Mo.

FATHER
13. NAME William A. Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mamie L. Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Miss.

17. INFORMANT (ADDRESS) Mamie L. Harris Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oxford Cem. DATE 7/22 1935

19. UNDERTAKER (ADDRESS) Torch & Dunlee Grant City, Mo.

20. FILED July 25 1935 Mrs O. H. Bond. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to July 21, 1935

I last saw ~~him~~ alive on July 10, 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.

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

	Date of onset
Carcinoma of Uterus	1933
51	

Other contributory causes of importance: Carcinoma of Uterus 1933

Name of operation ✓ Microscope 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 of deceased? No
If so, specify .....

(Signed) S. J. Ross M.D., M. D.
(Address) Grant City, Mo.