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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

NOV 27 1935

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. 4145 Enright Avenue St. ..... Ward)

File No. 34736

Registered No. 9267

2. FULL NAME Jennie Cleaves

(a) Residence, No. 4145 Enright Avenue St., 23rd Ward. 11
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable 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): Widow

5A. ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF N. Caldwell Cleaves

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5/1866

7. AGE: YEARS 69 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) October 1935

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

FATHER

13. NAME Isaac Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

MOTHER

15. MAIDEN NAME Frances Ann Boyce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tennessee

17. INFORMANT (ADDRESS) Frances Piper 4145 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 5th/1935

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED NOV -4 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935 to October 30th, 1935

I last saw her alive on October 30th, 1935 Death is said to have occurred on the date stated above, at 7:45 P. M.

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

	Date of onset
Cancer of Uterus	Unk.

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Other contributory causes of importance:

Name of operation None 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? No

If so, specify

(Signed) Henry C. Hampton M. D.

(Address) 2340a Market Street.