

JAN 13 1936

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis, Mo.  
City St. Louis, Mo.

Registration District No. 1003

Primary Registration District No. Barnard Street Cancer Hosp.

File No. 10735  
Registered No. 10735 (Ward)

2. FULL NAME

(a) Residence, No. none St. R.P. Ward. Bragg City, Mo.

(Usual place of abode) (If none, give city or town and State)  
Length of residence in city or town where death occurred none 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of spouse) William Stokes  
(or Wife)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 3 27

8. Trade, profession, or particular kind of work done, as planer, 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)

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Tenn.

13. NAME Charley Gammons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Lillie Trooper

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

17. INFORMANT (ADDRESS) Patent William Stokes Bragg City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bragg City, Mo. DATE Dec 21<sup>st</sup> 1935

19. UNDERTAKER (ADDRESS) Arthur W. Hoffe 29 N. Euclid Ave. St. Louis, Mo.

20. FILED DEC 19 1935 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from 19... to Dec 18, 1935  
I last saw her alive on Dec 18, 1935. Death is said to have occurred on the date stated above, at 4:55 p.m.

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

Peritonitis (acute)  
Bronchial Pneumonia

Date of onset 12-17-35

Other contributory causes of importance:  
Radical Wertheim Hysterectomy 12-15-35  
for Carcinoma of Cervix

Name of operation Radical Wertheim Hysterectomy Date of 12-15-35  
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 \_\_\_\_\_  
(Signed) James M. Baker, M. D.  
(Address) 3427 Washington

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.

MARCON RESERVED FOR BINDING

V. 59 NO. 2 100M-3-28-35

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