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

AUG 18 1936

Do not use this space.
28871

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis (No. Peoples Hospital St. ..... Ward)

File No.....

Registered No. 7639

2. FULL NAME Frankie Novell

(a) Residence, No. 1016 N. Jefferson St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Not Known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 1882

7. AGE: Years 54 Months 6 Days 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Vicksburg Mississippi

FATHER

13. NAME: Will Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): Mary Thompson (Sister 1016 N Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 7-21 1936

19. UNDERTAKER (ADDRESS): J. D. Richards 2600 N Jefferson

20. FILED JUL 20 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1936, to 7-16, 1936
I last saw h.e.r. alive on 7-16, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Advanced carcinoma of Cervix	3/25/36

Other contributory causes of importance:
Chronic Myocarditis
Secondary Anemia

Name of operation..... 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? No
If so, specify.....

(Signed) C. M. Jones, M. D.
(Address) Peoples Hospital