

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **Saint Louis, Missouri** (No. **4412a Kossuth Ave.**) St. Ward)

File No.
Registered No. **11123**
St. Ward)

2. FULL NAME **Belle Gorman**

(a) Residence, No. **4412a Kossuth Ave.** St. **10** Ward. (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 12th, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House-Work**
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) **Illinois**

MOTHER
13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Eugene Gorman**
(ADDRESS) **4412a Kossuth Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **November 9, 1936**

19. UNDERTAKER **Zigischer Bros.**
(ADDRESS) **2623 Cherokee Street.**

20. FILED **NOV 19 1936** **J. B. Sedek**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 6th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **June 20**, 19**36**, to **Nov. 6**, 19**36**.
I last saw her alive on **Nov. 6**, 19**36**. Death is said to have occurred on the date stated above, at **2:30 P.** m.

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

Carcinoma of liver Date of onset

Other contributory causes of importance:

Primary not found

Name of operation **none** Date of
What test confirmed diagnosis? **Ray, lab.** 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) **Walter E. Abell**, M. D.
(Address) **2253 No. 39th**

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.

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978

1977-1978