

DEC 3 1936

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

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City Saint Louis,

(No. Peoples Hospital

File No. 42902
Registered No. 11473
St. Ward)

2. FULL NAME Jennie Bullock

(a) Residence, No. 4061 Finney Avenue, St. 11 Ward.

(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 Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Thomas Bullock		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown-1856		
7. AGE 80	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
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) Oct 1936	11. Total time (years) spent in this occupation Unk
12. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky		
FATHER	13. NAME Unavailable	
	14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Unavailable	
	15. MAIDEN NAME Unavailable	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) Estelle Overton 3923 Finney Avenue	
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Nov. 19, 1936		
19. UNDERTAKER (ADDRESS) Charles J. Bates 4107 Finney Avenue		
20. FILE NOV 13 1936 J. F. Bredbeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1936, to November, 18, 1936

I last saw her alive on November, 14, 1936 Death is said

to have occurred on the date stated above, at 3:15 A.M.

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

Carcinoma of Cervix

Date of onset
2 mos

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?

If so, specify

(Signed) E. F. Woodson, M. D.

(Address) Peoples Hospital
3447 Olive Street

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