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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 File No. 3817

Township ..... Primary Registration District No. 1003 Registered No. 853

City St. Louis, Mo. (No. 1536 Papin Street St. ..... Ward)

ST. MARYS INFIRMARY

2. FULL NAME Fannie Allen

(a) Residence, No. 106 S. Garrison St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown ABT 1880

7. AGE: YEARS 57 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NIL 268
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife
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): Miss. 2

FATHER

13. NAME: Allen Fuqua
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. 2

MOTHER

15. MAIDEN NAME: Melvina Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss 2

17. INFORMANT (ADDRESS): REV. FUQUAY 106 S GARRISON

18. BURIAL, CREMATION, OR REMOVAL
PLACE: EAST St LOUIS ILL DATE: JAN. 20, 1937

19. UNDERTAKER (ADDRESS): R. M. C. GREEN 3517 LACLEDE AVE

20. FILED JAN 19 1937, 19 ..... J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1936, to January 14, 1937

I last saw her alive on January 14, 1937. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

Carcinoma of Uterus

Date of onset

Other contributory causes of importance: 48

Name of operation: Biopsy Date of: Dec. 15, 1936

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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) A. E. Aythewood, Jr., M. D.

(Address) St. Mary's Infirmary, St. Louis, Mo.