

REC'D AUG 7 1939

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

24597

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Truax Primary Registration District No. 1002
(c) City N. C. Mo (d) Street No. General Hospital # 2 Registered No. 2810
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 3625-Ormy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 1 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as 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) Hope, Ark.13. NAME James M. Gosa14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gadsden, Ala.15. MAIDEN NAME Millie Webb16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gadsden, Ala.17. INFORMANT (ADDRESS) Record Clerk, General Hosp # 218. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE July 13, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Bras., 2000 E. 12th St.20. FILED July 12, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 193922. I HEREBY CERTIFY, That I attended deceased from 6-19-39 to 7-9-39

I last saw her alive on 7-9, 1939. Death is said to have occurred on the date stated above, at 4:50 a. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix and Corpus Uteri with metastases to Liver
Date of onset 48

Other contributory causes of importance:

Generalized Carcinomatosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. C. Brown, M. D.
(Address) General Hospital # 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Edw. Stevens

Licensed Embalmer No.

3836

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.