

**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**

791

Township.....

Primary Registration District No. **10027**

10027

City **St. Louis** (No. **City of St. Louis**)

File No. **7932**

7932

Registered No. **2303**

2303

2. FULL NAME

(a) Residence. No. **17019** (Usual place of abode)

Margaret McCormick
Chief Staphylococcus St. 23 Ward.

St. **McCormick** Ward

Length of residence in city or town where death occurred **64** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) **Oct 20 - 1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **64 4**

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Laundress.** (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

10. NAME OF FATHER **John Boss**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

14. INFORMANT (Address) **E. Kordan**
Chief Staphylococcus St.

15. FILED 19 **1931** REGISTRAR **M. C. Standley**

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 20 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 23 1930**, to **Feb 20 1931**, that I last saw him alive on **Jan 22 1931**, and that death occurred, on the date stated above, at **6:05 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Cervix
48 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) **48** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF **1**

WHAT TEST CONFIRMED DIAGNOSIS? **Cervix biopsy**
(Signed) **Raymond J. Jacobs** M. D.
2/20 1931 (Address) **Chief Staphylococcus St.**

*State the DISEASE CAUSING DEATH, or in Deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary** DATE OF BURIAL **Feb 24 1931**

20. UNDERTAKER **A. J. Donnelly & Co.** ADDRESS **2039 Wash St.**

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.

McLennan.