

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

Do not use this space.

34111

1. PLACE OF DEATH  
 County St. Louis Registration District No. 294  
 Township Maine Primary Registration District No. V-418  
 City Julia Bliss St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Julia Bliss

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1/2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. 43

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1879

7. AGE YEARS 17 MONTHS 1 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. None

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 COUNTY) St. Louis Mo

13. NAME Peter Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis Mo

15. MAIDEN NAME Martha Corbush

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) St. Louis Mo

17. INFORMANT Frank Bliss  
 (ADDRESS) 2045 Olive St

18. BURIAL, CREMATION, OR REMOVAL PLACE Profect DATE 10/19

19. UNDERTAKER Carey & Co St. Louis  
 (ADDRESS)

20. FILED 10/19 1931 W. E. Kuehne  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17-1931

22. I HEREBY CERTIFY, That I attended deceased from Aug-10, 1930, to 10-17, 1931.  
 I last saw her alive on 10/17, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cancer of uterus Date of onset 1920

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Smear Was there an autopsy? \_\_\_\_\_

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) W. E. Kuehne, M. D.  
 (Address) 511-Clay 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.

MAY 24 1931

