

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

Do not use this space.

20739

1. PLACE OF DEATH

91 County St. Louis Registration District No. 790
 Township Central Primary Registration District No. 60333
 City St. Louis (Name of Hospital) St. Louis County Hospital Ward

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. Esperanza St. S. Rm. 1145 Ward _____

(If nonresident, give city or town and State)

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED, name of husband or wife of Bruce Colvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/12/1900

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>32</u> | <u>3</u> | <u>29</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 5/1/32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marian Co. Miss

13. NAME Anthony Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME Sarah Moses

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT Sarah Bryant (ADDRESS) Esperanza Road Greenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Pickens DATE 6/19/32

19. UNDERTAKER J. C. Lewis (ADDRESS) Webster Springs, Mo.

20. FILED June 3 19. 32 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 10:4 a.m.

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

Fibroid Uterus Date of onset _____

1480
1390
1400
540
1400

Other contributory causes of importance: Acute dilatation of heart

Name of operation: hysterectomy Date of _____

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external cause (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? No

If so, specify _____ (Signed) John O. Ogell, M. D.

(Address) Coroner of St. Louis County

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 27 1932

