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.

AUG 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis. Registration District No. 791 File No. 7242 27008

Township Primary Registration District No. 1003 Registered No.

City Peoples Hospital (No. 3447 Pine St. Ward)

2. FULL NAME Ruth Bradford

(a) Residence, No. 2801 Scott Ave St., 22 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Bradford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1906

7. AGE YEARS 27 MONTHS 11 DAYS 26- If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Memphis Tenn

FATHER

13. NAME Will Harris

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

MOTHER

15. MAIDEN NAME Mary Davis

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

17. INFORMANT (ADDRESS) Fred Bradford 2801 Scott Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE July 23 1934

19. UNDERTAKER (ADDRESS) L. V. Atkins 3317 Delmar Blvd

20. FILED JUL 23 1934 Jo. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 7/12/, 1934, to 7/18/, 1934.

I last saw her alive on 7/18/, 1934 Death is said to have occurred on the date stated above, at 8:35 p.m.

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

	Date of onset
AO Carcinoma Cervix uteri.	1931.

Other contributory causes of importance: Primary seat in cervix.

48

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? no.

If so, specify

(Signed) B. W. Carter M. D.

(Address) Peoples Hospital.

181