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

Do not use this space.

6681

MAR 28 1935

1. PLACE OF DEATH
County: Bridgeton St. Louis — Registration District No. 333
Township: — Primary Registration District No. 4468
City: Missouri Ferguson (No. Town, St. Ward)

File No.
Registered No. 19

2. FULL NAME: Noah Hall
(a) Residence, No. Phillips St. St. Phillips Ward.
(Usual place of abode) (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

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

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

7. AGE: Years 54 — Months 1 — Days 12 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Bush
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Joseph Bowman
(ADDRESS) Bridgeton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeton Cem. DATE Feb. 16 1935

19. UNDERTAKER G. F. Gundlerry - Anchor Und. Co.
(ADDRESS) 1027 N. Whitten

20. FILED Feb. 16 1935 W. A. Geitler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1930 to Feb 12 1930
I last saw her alive on 2/12 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of left breast	

Other contributory causes of importance:

Name of operation Breast removed & removed 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) T. D. Walker, M. D.
(Address) 809 S. Jefferson

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.

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

OCT 2 1 1941