

MAY 27 1936

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

Do not use this space.

18130  
18130

## 1. PLACE OF DEATH

County SalineRegistration District No. 796

Township

Primary Registration District No. 3038City Marshall(No. 431 E. West)

File No.

Registered No. 94

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Triggie Daniels(a) Residence, No. 431 E. West St. \_\_\_\_\_ 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 F4. COLOR OR RACE Col5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Will Daniels6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1897

7. AGE

YEARS 39

MONTHS

DAYS 30

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) 18. 3. 26

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennicott Saline Co Mo13. NAME Samuel Lawrence14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co Mo15. MAIDEN NAME Ella Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennicott Saline Co Mo17. INFORMANT (ADDRESS) Beatrice Williams Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smith Creek Mo DATE April 27 193619. UNDERTAKER (ADDRESS) F. H. Ferguson Marshall20. FILED April 27 1936

Helen Houston  
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 193622. I HEREBY CERTIFY, That I attended deceased from April 16 1936 to April 24 1936I last saw him alive on April 24 1936 Death is saidto have occurred on the date stated above, at 5:45 p.m.

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

Carcinoma Uteri

Date of onset

Don't know

Other contributory causes of importance:

Uterine HemorrhageName of operation None

Date of \_\_\_\_\_

What test confirmed diagnosis Physic 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) W. H. Madison M. D.(Address) Marshall Mo

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.

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