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

Do not use this space.

16780-a

1. PLACE OF DEATH
County Scott
Township Richland
City 5 miles South of Morley Mo. (No. ..... St. ..... Ward)

Registration District No. 819
Primary Registration District No. .....

File No. .....
Registered No. .....

2. FULL NAME Mrs Etta Stacy

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	2	18	

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

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

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) Sikeston Mo

13. NAME Wm Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard County Mo

15. MAIDEN NAME Sarah Tibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikeston Mo.

INFORMANT (ADDRESS) Joe Marshall Morley Missouri

BURIAL, CREMATION, OR REMOVAL
PLACE Carpenter Cemetery DATE May 24, 1924

UNDERTAKER (ADDRESS) C D M Gupton Morley Mo

FILED ....., 19....

Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-, 1924

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 ..... m.

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

Serioical Carcinoma

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Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) C D M Gupton Undertaker M. D.

(Address) Morley Mo

16780-A

Morley, Missouri
April 5, 1932

Mr. W. H. Burton
Delta, Missouri

Dear Sir:

I am writing you in regards to Mrs. Etta Stacy's death certificate. You will notice that Dr. Step took care of this case and you became registrar at Vanduser after Dr. Step moved to Sikeston.

Please look through records and fill out inclosed certificate and mail to Mrs. L. D. Harris immediately, please

Yours respectfully,
Mrs. L. D. Harris.

Mrs. Harris:

I was local registrar between 1920 and 1929 at Vanduser but Dr. Stepp never did have filed with me a death certificate nor a birth certificate. He must have reported to Sikeston. I have no record of this case. I know of several stacys but cannot collect having known deceased mentioned.

Resp'y, Wm.H.Burton,M.D.

RECEIVED
THE STATE

I think Dr Stepp had filed up at Sikeston

Mr. Godwin

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Scott — Registration District No.: 818
Township: Richland — Primary Registration District No.: 6068
(City: 5 miles South of Moolay Mo. St. Ward)

File No.: 167
Registered No.:

2. FULL NAME: Mrs Etta Stacy

(a) Residence, No. (Usual place of abode) St., 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-6-1882

7. AGE: Years 42. Months 2. Days 18. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.:
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): Sikeston Mo.

FATHER
13. NAME: Wm Pratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoddard County Mo

MOTHER
15. MAIDEN NAME: Sarah Tribble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sikeston Mo

17. INFORMANT (ADDRESS): Joe McDonald Morley Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carpenter Cemetery DATE: May 24 1924

19. UNDERTAKER (ADDRESS): C D Gupton Morley Mo

20. FILED: 4-26 1924 Mrs. Gupton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-24 1924

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

	Date of onset
Cervical Carcinoma	
(CERVICAL CARCINOMA)	

Other contributory causes of importance:

Name of operation .... Date of ....
What test confirmed diagnosis? .... 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) C D M Gupton undertaker ~~M. D.~~
(Address) Morley Mo

SUPPLEMENTARY

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N. B.—Every item of information should be ... AGE should CAUSE OF DEATH in plain terms, so that it may be p... classified. Exa... ...ATEMENT OF OCCUPATION IS very impo... RE... SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE ... BE COMPLETE AS PRESCRIBED BY LAW.

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