LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

29103

V. S. No. 2.

MARGIN RESERVED FOR BINDING

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.

...E OF DEATH.

...nty Vernon — Registration District No. 875 — File No.

...wnship Nevada — Primary Registration District No. 3039 — Registered No. 209

...y Nevada (No. ... St. ... Ward)

...L NAME Myrtle White

... Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)

...f residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
—	W	Widowed

...ARRIED, WIDOWED, OR DIVORCED
...SBAND OF
...WIFE OF Saml White

...OF BIRTH (MONTH, DAY AND YEAR) July 29, 1886

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
39	1	29	

...PATION OF DECEASED
...Trade, profession, or ...icular kind of work House wife
...General nature of industry, ...ness, or establishment in ...h employed (or employer) ...
...Name of employer

...HPLACE (CITY OR TOWN) Assumption
...ATE OR COUNTRY) Ill

...NAME OF FATHER Henry Taylor

...BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

...MAIDEN NAME OF MOTHER Martha Brooks

...BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)

...ORMANT Mary White
...dress) Nevada Mo

Sept. 28 1925 — C R King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27 1925

17. I HEREBY CERTIFY, That I attended deceased from July 1925, to Sept. 25 1925 that I last saw her alive on Sept. 25 1925, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervix uteri with secondary involvement of pelvis, bladder, & rectum
(duration) ... yrs. ... mos. ... ds

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds

46

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? History & gross appearance

(Signed) C R King, M. D.
Sept. 27 1925 (Address) Nevada, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Deepwood	Sept. 29 1925
20. UNDERTAKER	ADDRESS
W. B. Hanscott	Nevada Mo

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

1. PLACE OF DEATH

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered No. .....

City..... (No....., ...St. .....

2. FULL NAME .....

(a) Residence. No..... St., ...Ward. .....
(Usual place of abode) (If nonresident give city or town and St

Length of residence in city or town where death occurred. . yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED....., 19..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

17. I HEREBY CERTIFY, That I attended deceased from .....
.....,19....., to .....
that I last saw h..... alive on.....,19.....
death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

.....(duration).....yrs. .....mos.

CONTRIBUTORY.....
(SECONDARY)

.....(duration).....yrs. .....mos.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAU
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SU
HOMICIDAL. (See reverse side for additional space.)

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V. S. No. 2.