

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

Do not use this space.

21495

1. PLACE OF DEATH

County Jackson
Township Raw
City Hauschka (No. 322)

Registration District No. 399
Primary Registration District No. 1002
Cypress

File No. _____
Registered No. 27518
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 322 Cypress St. 10 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Edwin J. K. Venable

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER P. S. Ireland

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

12. MAIDEN NAME OF MOTHER Marta Ann Martin (Signed) Robert S. Marry, M. D.
7/18, 1927 (Address) 700 Blanche Bldg.

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

14. INFORMANT Edwin J. K. Venable
(Address) 322 Cypress

15. FILED 7/18 2707 M. M. Connor REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to July 18, 1927 that I last saw h. or alive on July 18, 1927, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

53K
Carcinoma of Pelvic viscera (duration) 5 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? NO DATE OF Oct. 26

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Robert S. Marry, M. D.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int. Mounsh DATE OF BURIAL 7-20 1927

20. UNDERTAKER H. H. Newcomer Sons T. C. Mo. ADDRESS

WRITE FAIRLY, WITH UNFADING INK---THIS IS 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.

926 me ~~St.~~ ^{St.}

Vic: 2922

9.12; 2.5