

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

Do not use this space.

32133

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **9514**
St. Ward)

2. FULL NAME

(a) Residence. No. **Overland Mo** St. **12** Ward. **Overland Mo**
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Marshall**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 29 1863**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 8 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at home 126**
(b) General nature of industry, business, or establishment in which employed (or employer) **122**
(c) Name of employer **127**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ind**

10. NAME OF FATHER **Alce Mc Cutchen**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Do not know**
(STATE OR COUNTRY) **do**

12. MAIDEN NAME OF MOTHER **do**

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

14. INFORMANT **William La Bagge**
(Address) **Overland Mo**

15. FILED **OCT 25 1927** **Max G. Starkoff**
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 25, 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 18, 1927**, to **Oct 24, 1927**, that I last saw **her** alive on **Oct 24, 1927**, and that death occurred, on the date stated above, at **3844**

THE CAUSE OF DEATH WAS AS FOLLOWS
Cholecyctitis & Phlegmonitis of Gall Bladder (Calculus) & Cancer of Cervix uteri
Stomach, Intestinal obstruction
Stomach, Intestinal obstruction
Stomach, Intestinal obstruction
CONTRIBUTORY (SECONDARY) **Stomach, Gall Bladder & Cervix uteri**
Intestinal obstruction
Stomach, Intestinal obstruction

18. WHERE WAS DISEASE CONTRACTED

IF NOT PLACE OF DEATH.....

IF AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Cancer uteri**

(Signed) **A. J. Gentry** 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. (See reverse side for additional space.)

19. PLACE OF BURIAL CREMATION, OR REMOVAL **Bethel** DATE OF BURIAL **10/26 1927**

20. UNDERTAKER **A. Ellis & Co. Delmar** ADDRESS

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.

