

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. OCCUPATION should be extremely supplied.

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

Do not use this space.

36310 B

1. PLACE OF DEATH

County Co. Jay
 Township Liberty
 City Liberty (No. 3012)

Registration District No. 201
 Primary Registration District No. 580

File No. _____
 Registered No. 97
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Belle Ish St. _____ Ward _____
 (Usual place of abode) 1007 Home

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Inmate
 (b) General nature of industry, business, or establishment in which employed (or employer) J.O.O.F. Home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lafayette Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Hardy Holman

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

12. MAIDEN NAME OF MOTHER Nancy Finley

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

14. INFORMANT Paul G. Rogers
 (Address) Liberty Mo

15. FILED 1/14/28 W. J. Goodson
 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from April 1928
 _____, 1927, to Dec 26, 1927
 that I last saw her alive on Dec 24, 1927, and that death occurred, on the date stated above, at 8 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of stomach
Hx B
H. J. Matthews (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) H. J. Matthews, M. D.
12/28, 1927 (Address) Liberty 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL J.O.O.F. Cemetery Liberty Mo **DATE OF BURIAL** 12/27 1927

20. UNDERTAKER Church - Archer Co **ADDRESS** Liberty, Mo.

