JUL 26 1928

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

Do not use this space.

21208

1. PLACE OF DEATH
County: McDonald
Township: Elkhorn
City: (No. ..... St. ..... Ward)

Registration District No. 1167
Primary Registration District No. 3698

File No.
Registered No. 14

2. FULL NAME: Catherine Lony

(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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 30 - '68

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
60		12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hsf.
(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): Tenn.

PARENTS
10. NAME OF FATHER: James Rigan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Anna Debusk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Tenn.

14. INFORMANT: James Lony
(Address): Stella #2

15. July 9, 1928 E Edmondson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1928 to June 12, 1928 that I last saw her alive on June 12, 1928, and that death occurred, on the date stated above, at 11 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
HOD 444a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. 6 mos. ds.

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) C. Cardwell, M. D
, 19 (Address)

*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: Rocky Comfort
DATE OF BURIAL: June 13 28

20. UNDERTAKER: G. A. Payne
ADDRESS: Wheelon

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.