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

Do not use this space.

26779

1. PLACE OF DEATH
County: Clay. Registration District No. 200 File No.
Township: Keaney. Primary Registration District No. 5279 B Registered No. 9
City (No. St. Ward)

2. FULL NAME: Mary E. Schoolfield.
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Asa Schoolfield.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-4-1880
7. AGE: Years 48 Months 5 Days 6 If LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY): Clay Co. Mo.

PARENTS
10. NAME OF FATHER: Tom Grissom
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Rachel Ford.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: Asa Schoolfield.
(Address) Keaney Mo.
15. FILED 8/12, 1928 Harvie Rowell REGISTRAR
by C. L. Smith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 10 1928.
17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to Aug 10, 1928, that I last saw her alive on July 2, 1928, and that death occurred, on the date stated above, at 7:50 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cancer of the Uterus & Bladder.
(duration) 1 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? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. C. Hamilton, M. D
8-11, 1928 (Address) Keaney 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: Mt. Olive Keaney. DATE OF BURIAL: 8-12 1928.
20. UNDERTAKER: Marvin Hessel. ADDRESS: Keaney Mo