MAY 29 1929

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

Do not use this space.

15699

File No.

Registered No. 12

1. PLACE OF DEATH
County Ray Co Mo
Township Orrick
City Orrick (No. St. Ward)

Registration District No. 743
Primary Registration District No. ~~8~~ 445

2. FULL NAME Elizabeth Offutt

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	White	Widow

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND ~~OF~~ (OR) WIFE OF Sam T. Offutt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11-1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	48	7	16	

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) Camden
(STATE OR COUNTRY) Ray Co Mo

PARENTS
10. NAME OF FATHER B. B. King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Lafayette Co
12. MAIDEN NAME OF MOTHER Sarah Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Camden
(STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Christine Offutt
(Address) Orrick Mo

15. FILED 4/20 1929 L. E. Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-17- 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 18 1926 to Apr. 17- 1929 that I last saw h. alive on Apr 17- 1929 and that death occurred, on the date stated above, at 7 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Carcinoma of Uterus and Involvement of Other Abdominal Organs (duration) 3 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? Pathum - 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robt. Steele, M. D.
4-20 1929 (Address) Orrick 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 South Point Cemt
DATE OF BURIAL 4/19 1929

20. UNDERTAKER C. W. Gibson
ADDRESS Orrick Mo

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.