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2 JAN 21 1930

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.

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

Do not use this space.

41696

1. PLACE OF DEATH
County Pike — Registration District No. 684
Township ~~[illegible]~~ — Primary Registration District No. 4408
City Bowling Green (No. ..... St. ..... Ward)

File No. .....
Registered No. 49

2. FULL NAME Florence Creighton
(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Creighton Decd.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	9	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

2 35

9. BIRTHPLACE (CITY OR TOWN) Montgomery
(STATE OR COUNTRY) Alabama

PARENTS
10. NAME OF FATHER Dont Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) X X
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X X
(STATE OR COUNTRY)

14. INFORMANT Bible Information
(Address)

15. FILED Jan 1st, 1930 W. Bennett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11th, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 6th, 1929, to Dec. 11th, 1929, that I last saw her alive on Dec. 10th, 1929, and that death occurred, on the date stated above, at 12 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the stomach
46 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44 A (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? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & laboratory findings
(Signed) J. B. Biggs, M. D.
Dec. 11th, 1929 (Address) Bowling Green, 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: Mo. Crematory association
DATE OF BURIAL: Dec. 13 1929

20. UNDERTAKER: W. B. Elmore
ADDRESS: Bowling Green