

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

Do not use this space.

375

1. PLACE OF DEATH

County Bolivar Registration District No. 104
 Township Good Primary Registration District No. 3003
 City Fulton (No.) St. Ward)

File No.
 Registered No. 23

2. FULL NAME

Leonina Susan Havens
 (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 female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27-1857

7. AGE
 YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 4

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) Missouri

10. NAME OF FATHER Willie Bennett

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

12. MAIDEN NAME OF MOTHER Esther Moore

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

14. INFORMANT J.C. Humphreys
 (Address) Fulton Mo

15. Date Jan 31, 1930 **REGISTRAR** R. N. Crews

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1930

17. HEREBY CERTIFY That I attended deceased from Dec 8 1929 to Jan 31 1930
 that I last saw her alive on Jan 31 1930, and that death occurred, on the date stated above, at 10-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma abdominal
artery in brown
in region of pancreas
T spleen

CONTRIBUTORY (SECONDARY)

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? P. E.

(Signed) Greene D. McCall, M. D.

, 19 (Address) Fulton 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 Dryfork

DATE OF BURIAL 2/1 1930

20. UNDERTAKER Royal Holt New Bloomfield

ADDRESS

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.

235

1

PARENTS

