

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

Do not use this space.

18482

1. PLACE OF DEATH

County Adair
Township Salt River
City (No.)

Registration District No. 4
Primary Registration District No. 5001

File No.
Registered No. 87
St. Ward

2. FULL NAME

Mrs Effie Platz
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerry M. Platz</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 22 - 1875</u>				
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>09</u>	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) Brasher, Mo.

10. NAME OF FATHER Wm. Steele
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mary Spencer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT J. M. Platz
(Address) Brasher, Mo.

15. FILED 6/4 1930 W. Becker
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/1 1930
17. I HEREBY CERTIFY, That I attended deceased from April 14, 1930, to May 25, 1930, that I last saw h. alive on May 25, 1930, and that death occurred, on the date stated above, at H. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of ovary

HQA
46 (duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Brasher mo
DID AN OPERATION PRECEDE DEATH. yes DATE OF Apr 15
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Op. for Lab.
(Signed) E. D. Smith M. D.
6/2, 1930 (Address) Keiserwill, 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 Brasher Cemetery DATE OF BURIAL 6/3 1930

20. UNDERTAKER J. P. Easley ADDRESS Brasher

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.

5121

PARENTS

mo.

1980-6-1
1875-12-22

54-5-9

31
23

9