

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

Do not use this space.

21823

1. PLACE OF DEATH

County Andrew
Township Jefferson
City Mexico

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Oscar Hawley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 2 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(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 John Patrick

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

12. MAIDEN NAME OF MOTHER Rebecca Pearson

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

14. INFORMANT Rebecca Pearson
(Address) Mexico Mo

15. July 27, 1930 Ina S. Milligan
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20 1930, to July 25 1930, and that I last saw her alive on July 25 1930, and that death occurred, on the date stated above, at 2:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4th Carcinoma of
stomach
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastric ulcer.
(duration) _____ yrs. mos. ds.

18. WHERE DISEASE CONTRACTED 44
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chemo/Analyses

(Signed) Frank J. Kelley M.D.

(Address) Mexico 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 Heasard Grove Ch DATE OF BURIAL 7/29/30

20. UNDERTAKER M. J. McDonald 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.

RECORD

