

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

Do not use this space.

File No. 0 41816  
Registered No. 332  
St. \_\_\_\_\_ Ward)

JAN 22 1931

**1. PLACE OF DEATH**

County Vernon  
Township \_\_\_\_\_  
City Nevada

Registration District No. 875  
Primary Registration District No. 3039

**2. FULL NAME**

(a) Residence. No. 130 1/2 N Walnut St., 1 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 5 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work News/keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Our Home

9. BIRTHPLACE (CITY OR TOWN) Montebellard  
(STATE OR COUNTRY) France

10. NAME OF FATHER Joseph Dauphin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) O.K.  
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Elizabeth Edward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) O.K.  
(STATE OR COUNTRY) France

14. INFORMANT Clara Mellett  
(Address) Nevada mo

15. FILED 1-8 19 31 E. P. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 19 30

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Dec 13, 1930, and that I last saw her alive on Dec 13, 1930, and that death occurred, on the date stated above, at 0:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Intestine

CONTRIBUTORY (SECONDARY) Hemorrhage from stomach  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAILED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Stomach  
(Signed) H. E. Oval, M. D.

, 19 (Address) Nevada 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 Newton Cem DATE OF BURIAL 12/16/1930

20. UNDERTAKER Ferry Funeral Home ADDRESS Nevada

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.

State of  
New York

County of  
New York

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*[Handwritten signature]*

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Vernon  
Township Nevada  
City Nevada (No. ....)

Registration District No. 875-  
Primary Registration District No. 3039

File No. ....  
Registered No. 332  
St. .... Ward

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 1-8 1930 E. R. King REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1930

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Intestine  
Duodenum  
(duration) yrs. mos. ds.  
CONTRIBUTORY Hemorrhage from  
(SECONDARY) Stomach (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? 45

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) ..... M. D. , 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-41810