

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.

MAR 28 1931

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

6480

## 1. PLACE OF DEATH

County Stodaway  
 Township Beale  
 City Maryville (No. \_\_\_\_\_)

Registration District No. 623  
 Primary Registration District No. 3031

File No. \_\_\_\_\_  
 Registered No. 10  
 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 11 21

## 8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

10. NAME OF FATHER William Ault  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Elizabeth Jones  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Mary J Ault  
 (Address) \_\_\_\_\_

15. FILED 2-10-31 C. P. Fryer  
M. E. C. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1931

17. HEREBY CERTIFY That I attended deceased from July 13 1930 to Feb 8 1931  
 that I last saw him alive on 2-7-31, 19\_\_\_\_, and that death occurred, on the date stated above, at 10 - A. M.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of pancreas with metastasis to liver and lungs  
 (duration) 4 yrs. 5 mos. 14 ds.  
 CONTRIBUTORY (SECONDARY) Pulmonary metastasis  
 (duration) X yrs. 1+ mos. X ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH No  
 DID OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Physical  
 (Signed) J. H. Ryan M. D.  
 , 19\_\_\_\_ (Address) Maryville 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 Burlington Ind DATE OF BURIAL 2/10 1931

20. UNDERTAKER Price Fun Co Maryville Mo ADDRESS \_\_\_\_\_

