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.

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

Do not use this space.

Mr Ravenscroft 9282

File No. 31

Registered No. 218

1. PLACE OF DEATH

County Cooper — Registration District No. 218

Township — Primary Registration District No. 3015

City Boonville (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Nettye Ames

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1877

7. AGE: Years 53 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife 235

(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): Boonville Mo.

PARENTS

10. NAME OF FATHER: James Gault.

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

12. MAIDEN NAME OF MOTHER: Unknown 3

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): A 31

14. INFORMANT: James Gault Jr (Address) Boonville Mo

15. FILED 4/4 1931 G. A. Russell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1931

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to March 22, 1931, that I last saw her alive on March 22, 1931, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma uteri 46 (corpore)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Necrosis & Repair

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF March 17

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) Alan Ravenscroft, M. D

26, 1931 (Address) Boonville, 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: Walnut Grove Cem — DATE OF BURIAL: March 25 1931

20. UNDERTAKER: Goodman & Boller — ADDRESS: Boonville Mo