

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.

APR 23 1931

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

Do not use this space.

9730

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 127

2. FULL NAME

(a) Residence, No. 1228 W Hayward St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-19-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamoni Iowa

13. NAME Geo P. Green

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamoni Iowa

15. MAIDEN NAME Mary N. Glavis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamoni Iowa

17. INFORMANT Mr. Lelli Corrie  
(ADDRESS) Lamoni Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE 3-29-1931

19. UNDERTAKER Carson Undertaking Co.  
(ADDRESS) Indep. Mo.

20. FILED 3-28-1931 F. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1931 to March 27 1931  
I last saw him alive on March 20 1931 Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:

48  
Cancer of the uterus  
Primary in the fundus  
Extended to the cervix

Other contributory causes of importance:

48  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Robert Green M. D.  
(Address) Independence, Mo.

