

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

Do not use this space.

16771

1. PLACE OF DEATH

County Scott
Township Union
City Union (No. _____)

Registration District No. 810
Primary Registration District No. 6056

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Rebecca M. Lancaster

(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. da. 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) Married

5A. ~~Is MARRIED, WIDOWED, or DIVORCED~~
HUSBAND or (or) WIFE of W. H. Lancaster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 2 - 1951

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
<u>80</u>	<u>1</u>	<u>19</u>			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 275
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

10. NAME OF FATHER James Sayer

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

12. MAIDEN NAME OF MOTHER Angeline Reel

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

14. INFORMANT W. H. Lancaster
(Address) Memphis Mo

15. FILED 4/21, 1931 E. C. Fariss
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to April 21, 1931.
That I last saw her alive on April 20, 1931, and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
48
55 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tumor of uterus
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 48
IF NOT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? yr. DATE OF 1925
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James A. Mitchell, M. D.
4/21, 1931 (Address) Memphis 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 Brook Cemetery DATE OF BURIAL Apr 27 31

20. UNDERTAKER Gerth & Baskett ADDRESS Memphis

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.

