

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.

JUN - 4 1934

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

Do not use this space.

17081

1. PLACE OF DEATH

County Bates Registration District No. 50
Township _____ Primary Registration District No. 3004
City Butte City St. _____ Ward _____

File No. _____
Registered No. 34
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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1870
7. AGE YEARS 61 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Missouri

FATHER 13. NAME John C. VanBeebe

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Kathleen Hancock

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT J. D. Gray (ADDRESS) Butte mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockwood DATE May 25, 1934

19. UNDERTAKER Culver's (ADDRESS) Butte mo.

20. FILED 31 1934 Mona L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 12, 31, May 23, 31
I last saw him alive on May 23, 1934 Death is said to have occurred on the date stated above, at 7:30 a
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset _____

Other contributory causes of importance: 48

Name of operation _____ Date of _____
What test confirmed diagnosis Cen. 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? No
If so, specify _____ (Signed) J. D. Gray, M. D.
(Address) Butte mo

