

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

Do not use this space.

20849

1. PLACE OF DEATH

County Charlton
Township Rathville
City Rathville (No.)

Registration District No. 174
Primary Registration District No. 4123

File No.
Registered No.
St. Ward

2. FULL NAME

Mary Raubert

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 8 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edgar Ned Raubert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1859

7. AGE YEARS 72 MONTHS 2 DAYS 20 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.

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) Shelbina Mo

13. NAME J Z Graves

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Mrs S E Washburn (ADDRESS) Rathville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rathville DATE June 22 1931

19. UNDERTAKER McLamb (ADDRESS)

20. FILED 6-17 19 31 U. S. Duell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1931

22. I HEREBY CERTIFY That I attended deceased from Feb 18 1931 to June 20 1931

I last saw her alive on June 20 1931. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of testis 18 Mo
4 to 5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 18

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? 18

If so, specify U. S. Duell (Signed) M. D.
(Address) Rathville Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CASE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 23 1931

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