

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

Do not use this space.

27559

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township _____ Primary Registration District No. 1001

City St Joseph (No. St Joseph Hospital)

File No. _____

Registered No. 865

St. _____ Ward _____

2. FULL NAME Janice Maysville

(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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 0 7

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) De Kalb Co

13. NAME Mountain Spring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Anna Shannon

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

17. INFORMANT C. H. Petcher (ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maysville Mo DATE Aug 12 1931

19. UNDERTAKER Heaton Be Gale + Bowman (ADDRESS) 319 So. 10 St St Joseph Mo

20. FILED 8-17-31 19 John R. Bender Jr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1931, to Aug 15, 1931

I last saw him alive on Aug 15, 1931. Death is said to have occurred on the date stated above, at 5 P. m.

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

Embroid fungus of uterus with complete mole of uterus (non-malignant tumor)

Date of onset 8/10/31

Other contributory causes of importance: General Peritonitis 8/10/31
Intestinal obstruction 8/14/31

Name of operating physician George S. Thompson Date of 8/13/31

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 _____, 1931

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. H. Thompson M. D.

(Address) 825 Chamber St, Maysville Mo

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.

SEP 21 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

