

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

Do not use this space.

30955

1. PLACE OF DEATH

County Franklin Registration District No. 293
Township Boles Primary Registration District No. 5411
City Washington (No. _____) St. _____ Ward _____

File No. _____
Registered No. 44

2. FULL NAME

(a) Residence, No. Villa Ridge, No. 3 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Vincent Hellman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3-1896

7. AGE YEARS 34 MONTHS 9 DAYS 28 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) St. Louis, Mo.

13. NAME Geo. Hennessey

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Bell Lewis

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Vincent Hellman (ADDRESS) Villa Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL Pleasant Hill DATE 9/3/31

19. UNDERTAKER Nichols & Hill (ADDRESS) Washington, Mo.

20. FILED 9-2-1931 Walter M. Heber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1931

22. I HEREBY CERTIFY, that I attended deceased from July 15, 1930, to Sept 1, 1931. I last saw her alive on Sept 1, 1931. Death is said to have occurred on the date stated above, at 1:25 P.M.

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

Carcinoma of Rectum with general metastasis

468
53 E

Other contributory causes of importance: W.D.

3. Name of operation Colostomy Date of July 15, 1930

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? Y

If so, specify _____

(Signed) Frank G. Nays, M. D.

(Address) 209 W. 4th, Washington, Mo.

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.

QCI 2181

2

11