

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

Do not use this space.

**33837**

**1. PLACE OF DEATH**

County Carroll  
Township Dewitt  
City Dewitt (No. \_\_\_\_\_)

Registration District No. 136  
Primary Registration District No. 5194

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lydia C. Childress

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lon Childress

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-11-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Lewinsville, Miss

13. NAME Joshua Childress

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

15. MAIDEN NAME Bethania Childress

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

17. INFORMANT (ADDRESS) Lon Childress  
Dewitt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem DATE 10-29 1931

19. UNDERTAKER (ADDRESS) Wells Funeral Home  
Dewitt Mo

20. FILED 10-27 1931 Calvin Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1929, to Sept 20 1931

I last saw him alive on Sept 20 1931. Death is said to have occurred on the date stated above, at 6 P. m.

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

Carcinoma of Uterus Date of onset 1929

48 48

Other contributory causes of importance: Operated 1929 and found carcinoma of uterus (found cancer)

Name of operation Abdominal 1928 Date of 1928

What test confirmed diagnosis? A Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X X Date of injury X X 1931

Where did injury occur? A X X X X X

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X X X X X X

Nature of injury X X X X X X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify X X X X X X

(Signed) D. J. Fletcher M. D.

(Address) Brumback Mo

NOV 28 1931

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.

