

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

Do not use this space.

36784

1. PLACE OF DEATH

County Audrain Registration District No. 26
Township Salt River Primary Registration District No. 3002
City Mexico Mo (No. 713-8-Permonade)

File No. _____
Registered No. 136
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Audrain Hospital 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>about</u>	<u>70</u>	<u>-</u>	<u>-</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</u>			
	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) <u>Kepler Co Mo</u>				
MOTHER	13. NAME <u>Lewis Munton Bass</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	15. MAIDEN NAME <u>Livina Ellis</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>			
	17. INFORMANT <u>John Bass</u> (ADDRESS) <u>Jamez</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Cherwood bur</u> PLACE <u>Mexico</u> DATE <u>11-21-1931</u>				
19. UNDERTAKER <u>H. A. Prescott & Son</u> (ADDRESS) <u>Mexico Mo</u>				
20. FILED <u>Nov 21st 1931</u> <u>Ira S. Milligan</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 6th, 1930, to Nov 18, 1931
I last saw her alive on November 18, 1931. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
a. Deco Carcinoma.
no. Parotid glands -
gas, very slow growth.
53E
4152
Other contributory causes of importance:
Age - inability to
swallow. Starvation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Paul E. Cook, M. D.
(Address) Mexico 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.

DEC 21 1931

