

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

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

Do not use this space.

37225

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. 1)

Registration District No. 212
Primary Registration District No. 111

File No. 114
Registered No. 218

2. FULL NAME

Dona Ethel Story

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

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29th 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home house work
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) aug. 1931 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Cooper Co. Mo.

13. NAME J. P. Story

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Cooper County

15. MAIDEN NAME Dona Ethel Mrs. Dowell

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

17. INFORMANT V. E. Brennan (ADDRESS) Rt. 3 Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill Burial DATE Nov. 14th 1931

19. UNDERTAKER Schwitzer Funeral Home (ADDRESS) Boonville Mo.

20. FILED Nov 12, 1931 J. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1931, to Nov. 12, 1931
I last saw her alive on Nov. 11, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Exhaustion
46 15
5 3/4 46 10

Other contributory causes of importance: Cancer of Stomach & abdominal viscera

Name of operation none Date of
What test confirmed diagnosis? Clinically Was there an autopsy? No

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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) M. S. McGuire, M. D.
(Address) Boonville Mo.

