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

Do not use this space.

905

File No. ....
Registered No. 3

1. PLACE OF DEATH
County Iron
Township Union
City Des Arc (No. ...., ..., St. ....Ward)

47

Registration District No. 390
Primary Registration District No. 5545

2. FULL NAME Iola Anna Stamp

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 3 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF R. I. Stamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 20, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50			

OCCUPATION
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. 235
10. Date deceased last worked at this occupation (month and year) Nov., 20, 1931
11. Total time (years) spent in this occupation 31 yrs

12. BIRTHPLACE (CITY OR TOWN) Des Arc
(STATE OR COUNTRY) Iron Co., Mo.

FATHER
13. NAME Thomas P. Fitz
14. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Albemarle Co., Va.

MOTHER
15. MAIDEN NAME Alice C. Fitz
16. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Roanoke Co., Va.

17. INFORMANT R. I. Stamp
(ADDRESS) Des Arc, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Arc DATE Jan., 22, 1932
19. UNDERTAKER Gish Undertaking Co.,
(ADDRESS) Piedmont, Mo.
20. FILED Mar. 22, 1932 B. C. Duke
Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan., 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....
I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Diabetes — Date of onset ....
50
48

Other contributory causes of importance:

Name of operation .... Date of ....
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? ....
If so, specify ....
(Signed) C. S. Jones, M. D.
(Address) Piedmont, Mo.

cular. In order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

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Name: Iola Anna Stamp

Who died at: Iron Co., Mo. (Union Tp.) on Jan. 20, 1932,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Paget's Disease

Began in both Mammary glands before Uterus was involved

Contributory: Cancer of both breasts & Uterus.

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis?

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