

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

Do not use this space.

-1326

364

**1. PLACE OF DEATH**

County Lackson Registration District No. \_\_\_\_\_

Township Starr Primary Registration District No. \_\_\_\_\_

City Starks City, Mo (No. Proximity Lutheran Hospital St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Fairmount, Mo. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode) 617 Cedar. \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**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 James Dunphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-8-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
57 6 21

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) Iowa 2

13. NAME Donaldson

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

15. MAIDEN NAME Harner

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

17. INFORMANT Proximity Lutheran Hospital (ADDRESS) 2010 Spruill

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Feb 1 1932

19. UNDERTAKER A. P. Doehler (ADDRESS) 1415 East 15th St. S. E. Mo

20. FILED 1/30 1932 M. M. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 21, 1932, to Jan 29, 1932. Last saw her alive on Jan 29, 1932. Death is said to have occurred on the date stated above, at 10:37 P.M.

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

Pneumonia, Bronchitis Date of onset 1-26-32  
48  
1392  
107A

Other contributory causes of importance: Carcinoma of cervix 6 months

Name of operation Pan Hysterectomy Date of 1-25-32  
What test confirmed diagnosis? Pathology 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 \_\_\_\_\_ (D)  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Ottobear Holmann, M. D.  
(Address) Rialto Bldg.

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.

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