

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

Do not use this space.

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1. PLACE OF DEATH
 5-6 County Lewis Registration District No. 481 File No. 3
 5 Township _____ Primary Registration District No. 4290 Registered No. 5
 1 City Lewistown (No. _____) St. _____ Ward _____

2. FULL NAME Mary Etta Schrimsher
 (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 52 yrs. mos. dg. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Mar. 5, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 215
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 24

12. BIRTHPLACE (CITY OR TOWN) Lewistown, Mo. (STATE OR COUNTRY) 1

FATHER
 13. NAME Lewis Wesly Schrimsher
 14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) 2

MOTHER
 15. MAIDEN NAME Katrina S. Wright
 16. BIRTHPLACE (CITY OR TOWN) Lewistown, Mo. (STATE OR COUNTRY) 1

17. INFORMANT Mrs. Katrina S. Schrimsher (ADDRESS) Lewistown, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lewistown, Mo. DATE Feb. 26, 1932

19. UNDERTAKER James A. Cadon. (ADDRESS) Lewistown, Mo.

20. FILED 2/25 1932 J. C. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1931 to Feb. 24, 1932
 I last saw h. s. alive on February 24, 1932. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:

Ascites - multiple abdominal cysts with Carcinoma
 Date of onset 1931
 Other contributory causes of importance: 1
139A

Name of operation Laparotomy Date of Jan 26, 1932
 What test confirmed diagnosis? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. C. Brown, M. D.
 (Address) Lewistown, 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.

MAR 23 1932

to elaborate
and

signed P.
(GE should)

9-11-6
ASE OI P

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lewis
Township Lewistown
City Lewistown (No.)

Registration District No. 481
Primary Registration District No. 4290

File No.
Registered No. 5 St. Ward)

2. FULL NAME

Mary Ella Schimsher

(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) S.

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 4/6/19 02 J. G. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 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

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

Aspirin - Multiple Abdominal Cysts with Carcinoma

Other contributory causes of importance:

Coccygeous attachment of Cysts - to ovary

Name of operation Date of

What test confirmed diagnosis? H&A Was there an autopsy?

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

Accident, suicide, or homicide?, 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), M. D.

(Address)

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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