

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

Do not use this space.

13185

**1. PLACE OF DEATH**

County Macon

Registration District No. 532

Township Lallata

Primary Registration District No. 4318

City Lallata (No. ....) St. .... Ward)

File No. ....

Registered No. 9

**2. FULL NAME** Viola Story

(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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1932

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

22. I HEREBY CERTIFY, that I attended deceased from Aug. 31, 1931, to Apr. 13, 1932

I last saw him alive on Apr. 12, 1932 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9-1880

to have occurred on the date stated above, at 6 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 1 4

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

Cancer stomach

Date of onset

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. House Keeper

50  
46B 46C 46D

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) 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Left breast cancerous and removed fourteen months ago.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

13. NAME Samuel Gasway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

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

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

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.

17. INFORMANT (ADDRESS) J. M. Story

18. BURIAL, CREMATION, OR REMOVAL PLACE Lallata DATE 4/14 1932

Manner of injury .....  
Nature of injury .....

19. UNDERTAKER (ADDRESS) D. Schuster Lallata Mo

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

20. FILED Apr. 14 1932 C. H. Buckner Registrar.

(Signed) C. H. Buckner, M. D.  
(Address) Lallata Mo

MAY 26 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 1957