

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.

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

Do not use this space.

13449-3

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1. PLACE OF DEATH

County Jennison Registration District No. 655
Township Holland Primary Registration District No. 5872
City Donato (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca Rose

(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 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 Tom Rose.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7. 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
45 3 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work.
(b) General nature of industry, business, or establishment in which employed (or employer). 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Portaquillo Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Bill Simms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT Tom Rose
(Address) Steele, R. 2

15. FILED 7/1 1932 Max P. Kelly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23. 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma (uterine)
48 48 (duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 5

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) James P. Wickley, M. D.
, 19____ (Address) Steele, Mo. Carney

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

