

Q11 21 1932

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

Do not use this space.

15551

1. PLACE OF DEATH

20 County Bedar
21 Township
2 City El Dorado Springs

Registration District No. 163

Primary Registration District No. 4095

File No.

Registered No. 39

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

M. H. Woods

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

Jan 26 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

3

24

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.

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)

Mo

13. NAME

Mitchel Harbert

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

Ohio

15. MAIDEN NAME

Elizabeth Ball

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

Va

17. INFORMANT

(ADDRESS)

M. H. Woods
El Dorado Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Center

DATE

5-23-32

1932

19. UNDERTAKER

(ADDRESS)

Wm. Siders
El Dorado Springs, Mo

20. FILED

5-23-

1932

W. Dawson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

5/20 1932

22. I HEREBY CERTIFY, That I attended deceased from

April 24th, 1932, to May 20-, 1932

Last saw her alive on Mar 17, 1931. Death is said

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

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

Cancer of Rectum

Date of onset

Other contributory causes of importance:

Name of operation none

Date of

What test confirmed diagnosis? clinical 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)

W. Dawson

(Address)

El Dorado Springs

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