

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.

JUL 21 1932

*an Card*

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

Do not use this space.

18615

1. PLACE OF DEATH  
4 County Andrew Registration District No. 951  
Township Wilson Primary Registration District No. 5027C  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Menona Ellen Squires  
(a) Residence, No. 1. Centralia, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. M. Squires</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11th 1871</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>22</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>		
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) <u>Andrew Co, Mo</u>		
13. NAME <u>Jesse H Carter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Mattie Maffitt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>S. M. Squires</u> (ADDRESS) <u>Centralia, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Sal River Church</u> DATE <u>June 5, 1932</u>		
19. UNDERTAKER <u>W. M. Bond</u> (ADDRESS) <u>Centralia, Mo</u>		
20. FILED <u>6/4</u> 19 <u>32</u> <u>W. M. Bond</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd. 1932

22. I HEREBY CERTIFY That I attended deceased from April 5<sup>th</sup> 1932 to June 3<sup>rd</sup> 1932  
I last saw him alive on June 2<sup>nd</sup> 1932 Death is said to have occurred on the date stated above, at 4:45 P.M.  
The principal cause of death and related causes of importance were as follows:  
Anemia due to carcinoma of liver.  
Other contributory causes of importance: none  
466  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? element 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) Paul E. Coil M. D.  
(Address) Centralia, Mo

