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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 31995
Township — Primary Registration District No. 1001 — Registered No. 665
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Maude Wilford
(a) Residence, No. 2823 So 22 nd 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 James E. Wilford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28-1885

7. AGE YEARS 46 MONTHS 7 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 2 35
10. Date deceased last worked at this occupation (month and year) 1932 June 1
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Kansas

FATHER
13. NAME A. M. Phillipps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

MOTHER
15. MAIDEN NAME Samantha M Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

17. INFORMANT (ADDRESS) James E. Wilford St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mora DATE July 11, 1932

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home 1446 Calhoun St. Jo. Mo

20. FILED JUL 11 1932 19 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1932

22. I HEREBY CERTIFY That I attended deceased from July 3 1932, to July 8, 1932
I last saw her alive on July 8, 1932. Death is said to have occurred on the date stated above, at 6 40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Met. Carcinoma of liver	?
(Primary Seat unknown)	
46E	

Other contributory causes of importance:

Carcinoma of left Ovary	?
Explor.	

Name of operation Celotomy Date of July 7 1932
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Frank H Hardigan, M. D.
(Address) ....

V. S. No. 2

MARGIN RESERVED FOR BINDING

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.

AUG 22 1932

Call