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

Do not use this space.

22273

File No. 32

Registered No.

2.3

1. PLACE OF DEATH
County Clark
Township Lincoln
City ~~Ashton~~ (No. ..... St. ..... Ward)

Registration District No. 190
Primary Registration District No. 5264

2. FULL NAME Rhoda Overhulser

(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

A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Overhulser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1851

7. AGE YEARS 81 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Ind. 2

FATHER
13. NAME Absalom Pallard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Thomas Overhulser Ashton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashton Ce. DATE July 14, 1932

19. UNDERTAKER (ADDRESS) Gutting's Und. Lurawmo.

20. FILED 7/14, 1932 J. R. Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to July 13, 1932
I last saw her alive on July 7, 1932 Death is said to have occurred on the date stated above, at 12:40 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Dec 31

Other contributory causes of importance:

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

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? .....
If so, specify .....
(Signed) L. A. Coffman, M. D.
(Address) Farmington, Ia.

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 23 1932

...S. NO. 2. ...GIN RESERVED FOR