

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

Do not use this space.

29546

1. PLACE OF DEATH

19 County Jasper Registration District No. 408
Township Shannon Primary Registration District No. 0563a
City Route 3 - Carthage St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Alfred Dooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 4 3

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. 235

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) Christain Co. 1 Missouri

13. NAME John Alara

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 2 Illinois

15. MAIDEN NAME Fate Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31 Unknown

17. INFORMANT Alfred Dooley
(ADDRESS) Route 3, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fullerton Cem DATE Sept. 24, 1932

19. UNDERTAKER Full Mortuary
(ADDRESS) Carthage, Missouri

20. FILED Sept 23, 1932 E. H. Hetcham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/28, 1932 to 9/29, 32
I last saw him alive on 9/20, 1932. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma cervix uteri & general abdominal metastases. 1931

Other contributory causes of importance: _____

Name of operation none Date _____
What test confirmed diagnosis? not sectioned 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) A. A. Labarge, M. D.
(Address) Carthage MO

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.

NOV 26 1932

