

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

Do not use this space.

31139

**1. PLACE OF DEATH**

10. County Scott  
10. Township Sylvania  
3 City Cran (No. \_\_\_\_\_)

Registration District No. 820  
Primary Registration District No. 4496

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

Elizabeth Ates

**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 o mates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/7/80

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.  
52      7      13      X

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) ---  
(c) Name of employer ---

9. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY) 1

10. NAME OF FATHER John Roe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julien Kibler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Hubert Cowan  
(Address) Cran Mo

15. FILED 1 of 8, 1932 W. P. Chapman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/13 1932

17. I HEREBY CERTIFY, That I attended deceased from 8/28, 1932, to 9/12, 1932 that I last saw her... alive on 9/12, 1932, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Stomach  
46 1/2 (duration) yrs. 6 mos. --- da.

CONTRIBUTORY (SECONDARY) ---  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED ①

IF NOT AT PLACE OF DEATH (Exploitation only)

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/11/32

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. A. Chinn, M. D.  
, 1932 (Address) Cran Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Favour Cemetery DATE OF BURIAL 9/14 1932

20. UNDERTAKER W. P. Chapman ADDRESS Cran Mo

OCT 30 1932

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.

