

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

Do not use this space.

**31188**

**1. PLACE OF DEATH**

103 County Stoddard  
Township Caster  
City (No. ....) (Ward) .....

Registration District No. 834  
Primary Registration District No. 6099

File No. ....  
Registered No. ....  
St. .... Ward) .....

**2. FULL NAME**

Roena Barham

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1880

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>52</u>	<u>0</u>	<u>5</u>	

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) Carbondale Ill.

13. NAME Henry Daerwall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark Ill.

15. MAIDEN NAME Clise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ill.

17. INFORMANT (ADDRESS) Mrs. Jesse Kelley Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bluff Cem. DATE 9-13-1932

19. UNDERTAKER (ADDRESS) J.A. Childs & Co. Bloomfield, Mo.

20. FILED Oct 10 1932 Edw. Ford Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1932

I HEREBY CERTIFY (That I attended deceased from June 17<sup>th</sup> 32 to Sept 12<sup>th</sup> 32, 1932)  
I last saw him alive on Sept 10<sup>th</sup> 32, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus Date of onset .....

48 48 0

Other contributory causes of importance: none

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical 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) Edw. Ford M. D.  
(Address) Bloomfield Mo.

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.

SEP 30 1932

ILLY, WITH UNFADING

Down Brown 2<sup>3</sup>

CAUSE OR BEAT: Every item of information about

and

should be stated in the statement of OCCUPATION is an important

THIS IS A TREATMENT RECORD

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