

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

Do not use this space.

31812

1. PLACE OF DEATH
 27 County Cooper Registration District No. 218
 2 Township _____ Primary Registration District No. 3015
 4 City Brownville (No. _____) St. _____ Ward _____
 2. FULL NAME Mattie C. Heather
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11th 1906
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 2 3
 OCCUPATION 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. 2 9 3
 10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fortuna Morgan Co Mo.
 FATHER 13. NAME James W. Burney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Ark.
 MOTHER 15. MAIDEN NAME Rohads Adella Harrison
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Morgan Co Mo.
 17. INFORMANT James W. Burney
 (ADDRESS) County Home Brownville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Glenstead Mo. DATE Oct. 16th 1932
 19. UNDERTAKER Schwiky Warnhoff
 (ADDRESS) Brownville Mo.
 20. FILED Oct 15 1932 gar Russell
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14th 1932
 22. I HEREBY CERTIFY, That I attended deceased from about May, 1932, to Oct 14, 1932.
 I last saw her alive on Oct 14, 1932. Death is said to have occurred on the date stated above, at 6:20 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of abdominal & pelvic organs
 Date of onset _____
46B
53E
 Other contributory causes of importance:
139C
 Name of operation Hysterectomy 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) Lee J. Shuck, M. D.
 (Address) Brownville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

NOV 23 1932

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township _____
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME Mattie C. Heather

(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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct 15 1932 Ed Renshaw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the day stated above, at _____ m.

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

Sarcoma of abdomen & pelvic organs
Cancer of uterus
Other contributory causes of importance:
460 B

Date of case _____

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-31812