

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

Do not use this space.

31819

1. PLACE OF DEATH

County Wasper Registration District No. 1095
Township S. Montevau Primary Registration District No. 3310
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abel Douglas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27-1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Montevau Co Mo</u>		
MOTHER	13. NAME <u>James Bidsony</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montevau Co</u>	
	15. MAIDEN NAME <u>WEE Douell</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montevau Co</u>		
17. INFORMANT (ADDRESS) <u>Abel Douglas California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Pleasant</u> DATE <u>11/6</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Hilleaus & Friedmeyer California Mo</u>		
20. FILED <u>18-N 1932 J. C. M. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Oct 4 1932
I last saw h. ee alive on Oct 3 1932. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Date of onset 1931
4 8
Other contributory causes of importance:
(D)
Name of operation Biopsy Date of May 1932
What test confirmed diagnosis? as above 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) Edgar A. Little, M. D.
(Address) California

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 23 1932

