

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

Do not use this space.

**34765**

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 3006  
City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 257

**2. FULL NAME**

(a) Residence, No. 413 7157 St., \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 1 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. F. Johnson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-25-1861  
7. AGE YEARS 71 MONTHS 5 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Potosi (STATE OR COUNTRY) Missouri

13. NAME Anderson Rankford

14. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Bass

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT L. S. Redd (ADDRESS) Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Harvard DATE 12-2- 1932

19. UNDERTAKER Walter H. Parker (ADDRESS) Columbia, Missouri

20. FILED 12/3/1932 Allie Selby Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932, to Nov 29, 1932

I last saw him alive on Nov 28, 1932 - Death is said

to have occurred on the date stated above, at 8:30 am.  
The principal cause of death and related causes of importance were as follows:

48  
Carcinoma of uterus

Other contributory causes of importance:

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) O. J. Moore, M. D.  
(Address) Columbia, 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 very important.

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1938

100  
100  
100

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