

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

Do not use this space.

35064

1. PLACE OF DEATH

20 County Bedar
Township Bedar
City _____ (No. _____)

Registration District No. 163
Primary Registration District No. 5232

File No. _____
Registered No. 67 St. _____ Ward _____

2. FULL NAME

Stella J Bland

(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-OR (OR) WIFE OF J B Bland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-3-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 2 17

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. 230

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) Mo

13. NAME Joseph Grimes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) A-Gar 2

15. MAIDEN NAME Martha Gameway

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

17. INFORMANT Mrs Martha Grimes

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest View DATE 11-22-1932

19. UNDERTAKER Garrison Sellers

(ADDRESS) Eurolada Springs, Mo

20. FILED 11/21, 1932 J W Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-20-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-15-, 1932, to Nov 20, 1932

I last saw her alive on Nov-20, 1932 Death is said to have occurred on the date stated above, at 7:30 P m.

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

Diabetic Coma
Carcinoma of Uterus
& Liver
46 E
48

Other contributory causes of importance: (D)

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) H Gumpell, M. D.

(Address) Stocker Mo

STATE OF ALABAMA
IN SENATE

January 10, 1901

REPORT

OF THE

COMMISSIONERS

OF THE

LANDS

AND

MINES

AND

WATER

RESOURCES

OF THE

STATE

OF

ALABAMA

FOR

THE

YEAR

1900

AND

1901

BY

THE

COMMISSIONERS

OF

THE

LANDS

AND

MINES

AND

WATER

RESOURCES

OF

THE

STATE

OF

ALABAMA

FOR

THE

YEAR

1900

AND

1901

BY

THE

COMMISSIONERS

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cedar
Township 11
City Stella (No. 1)

Registration District No. 163
Primary Registration District No. 5232

File No. _____
Registered No. 67
St. _____ Ward _____

2. FULL NAME

(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 F 4. COLOR OR RACE White 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 spinner, 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)

MOTHER-FATHER 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 11-21- 1932 J. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 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 date stated above, at _____ m.

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

Cardioma of
liver & spleen
Primary seat River

Date of onset

Other contributory causes of importance:

466

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

B.—Every item of information should be carefully checked for accuracy. PHYSICIANS should state cause of death in plain terms, so that it may properly classified. Exact statement of OCCUPATION is very important.

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

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