

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

Do not use this space.

36284

1. PLACE OF DEATH

County Levis
Township
City La Grange (No.)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 15 St. Ward)

2. FULL NAME Isabel VanAusdall

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28th 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 16

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) Bellaire Ohio.

13. NAME Liberton Lockwood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellaire Ohio.

15. MAIDEN NAME Mary Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellaire, Ohio.

17. INFORMANT John VanAusdall (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Nov. 17th 1932

19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange, Mo.

20. FILED 11/17 1932 W. E. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1932 to Nov 14th, 1932. I last saw her alive on Nov 14th, 1932. Death is said to have occurred on the date stated above, at 7 P.M.. The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis and Return of Anemia or pressure on cardiac area due to fluid in abdomen.
Date of onset
716

Other contributory causes of importance:
Anemia or pressure on cardiac area due to fluid in abdomen.
Name of operation Laparotomy Date of Oct 25 1932
What test confirmed diagnosis? Albany Was there an autopsy? No

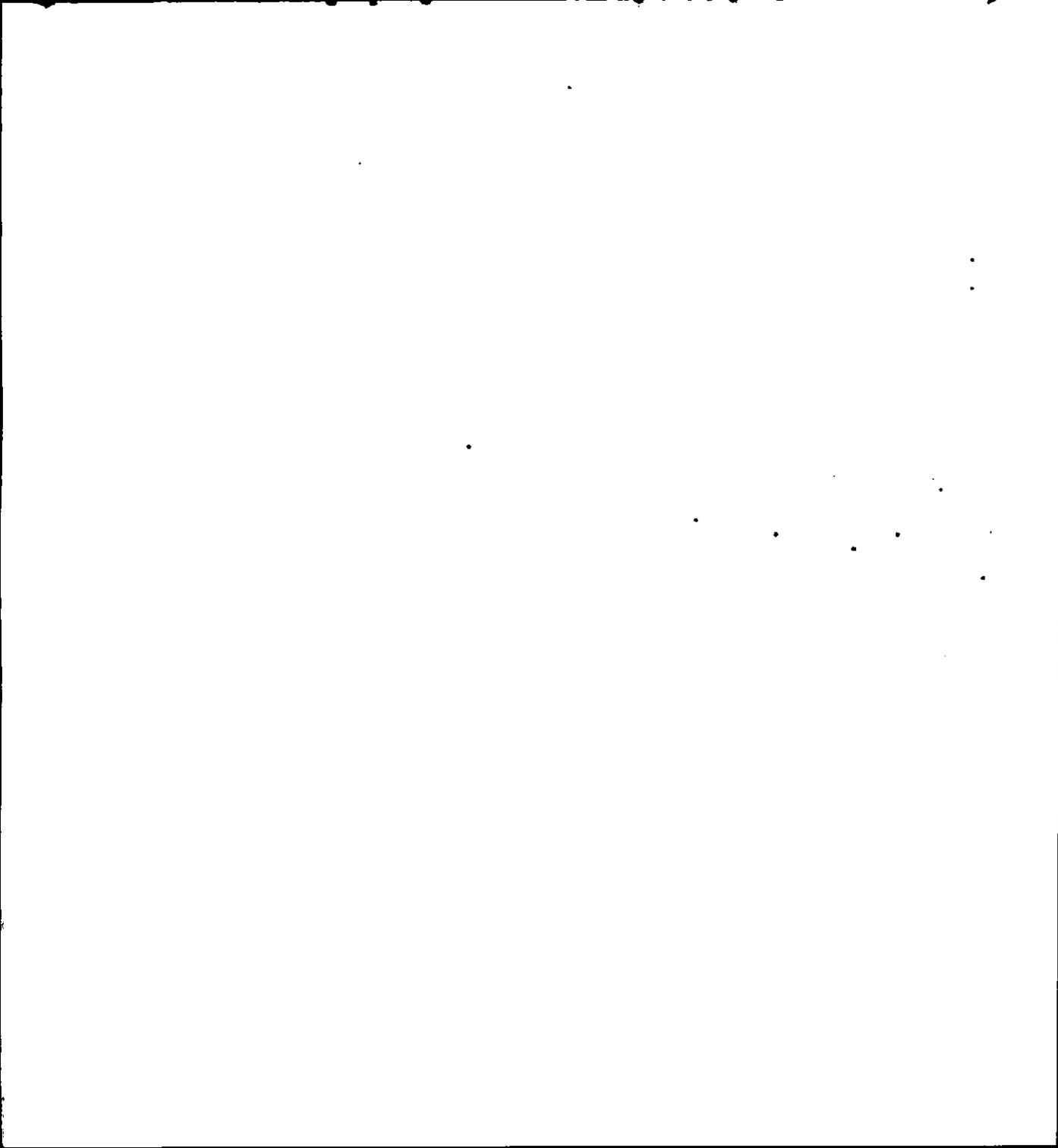
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (3)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Dr. T. E. Can M.D., (Address) La Grange, 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.

JAN 27 1932



**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 Lewis
Township La Grange
City La Grange (No.)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 13-
St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
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.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, 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 4/30 1933 1182 Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

Carcinoma of sigmoid and rectum Date of onset

Primary in Sigmoid

Other contributory causes of importance:

460

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

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.

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

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