

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

Do not use this space.

39472

1. PLACE OF DEATH

County Hawell
Township 3
City West Plains, Mo.

Registration District No. 384
Primary Registration District No. 4227

File No. 113
Registered No. _____
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 fw 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 23

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) Missouri

13. NAME Joe Cope

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 11 31

17. INFORMANT (ADDRESS) Thelma Epps

18. BURIAL, CREMATION, OR REMOVAL PLACE Nonelap DATE 12/30-1932

19. UNDERTAKER (ADDRESS) West Plains, Mo.

20. FILED 12-21-1932 W. H. Hensch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-23- 1932, to 12-29- 1932

I last saw her alive on 12-1- 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Carcinoma of Cervix
uteri
48

Other contributory causes of importance: ①

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam. 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) E. Claude Bohrer, M. D.
(Address) West Plains, 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 is very important.

