

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette

Registration District No. 460

Township Davis

Primary Registration District No. 4274

City Higginsville (No. _____)

File No. 40394

Registered No. 86

St. _____

Ward _____

2. FULL NAME Miss Lula Ayres

(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward _____

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Single

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

Feb - 12th 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

68

10

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

24

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)

Hancock Co. Ky.

FATHER

13. NAME

Phillip Ayres

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

Louisville, Ky.

MOTHER

15. MAIDEN NAME

Adelaide Brown

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

Hancock Co. Ky.

17. INFORMANT (ADDRESS)

E. E. Ayres Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City-Higginsville

12/28/32

19. UNDERTAKER (ADDRESS)

Higginsville, Mo.

20. FILED

12-28-32

Dr. W. A. Brackley

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12/28/32 1932

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1930 to Dec. 26 1932

I last saw h. as alive on Dec 26 1932 Death is said

to have occurred on the date stated above, at 11 A. m.

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

Malignant growth involving R. tub. & ovary and intestines
1 1/2 years duration

Other contributory causes of importance:

Name of operation

9-10-1930 Oophorectomy

What test confirmed diagnosis?

Exploratory for recurrence

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) W. Keppentone M. D.

(Address) Higginsville, 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.

February 16, 1933

Dr. W.E. Koppenbrink,
Higginsville, Mo.

Dear Dr. Koppenbrink;

In answer to your
letter in regard to Miss
Lula Ayres, I will say
that she had a primary car-
cinoma of the sigmoid, pro-
ducing a partial obstruction .
There was also metastasis to
the liver, mesentery glands,
and other abdominal organs.
At the time of operation,
nothing was removed due to
the hopelessness of her con-
dition.

Hoping this is the information
which you are seeking. I
am

Yours-very-truly,

W. J. Frick
W. J. Frick

WJF-H

MISSOURI should state
TION is very important.

PRESCRIBED BY LAW.

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 Lafayette

Registration District No. 460

File No.

Township

Primary Registration District No. 4274

Registered No. 86

City Higginsville (No.)

St. Ward)

2. FULL NAME

Lula Ayres

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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)

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. UNDERTAKER (ADDRESS)

20. FILED 2-28- 1933

Dr. W. B. Brackley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/32

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 stated above, at m.

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

Malignant growth
involving rt. tube &
ovary and intestines
Primary Carcinoma of
sigmoid

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) , M. D.

(Address)

N.B. - When of importance, state cause of death in plain terms, so that it may be properly understood.

REGIS. R. RS SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THE

SUPPLEMENTARY