

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

Do not use this space.

41151

1. PLACE OF DEATH

County Polk
Township Liberty
City Richland (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 25
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. 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 (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 - 1897
7. AGE YEARS 35 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

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) 6-1-32 11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Co. Arkansas

13. NAME Riley Yates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Arkansas

15. MAIDEN NAME Lollie Dumanberry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Arkansas

17. INFORMANT (ADDRESS) Ethel Powers Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Mo. DATE 12-18-32

19. UNDERTAKER (ADDRESS) R. B. Duncy Richland Mo.

20. FILED 12-17-32 Carl A. Oliver Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-1-32, 1932 to 12-17-32, 1932

I last saw him alive on 12-15-32, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

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

Cancer of Uterus
Other contributory causes of importance: 48 1

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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 _____, 1932

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) W. B. Duncy M. D.

(Address) Richland 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.

