

WHITE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

24 1933
19
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.

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

Do not use this space.

1. PLACE OF BIRTH

County Cass
Township Austin
City Hammondville

Registration District No. 147
Primary Registration District No. 5210

File No. 564
Registered No. 4
St. 4 Ward)

2. FULL NAME

(a) Residence, No. Hammondville St., Hammondville Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OF RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Fred Alcock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24-1889</u>		
7. AGE <u>43</u>	YEARS <u>11</u>	MONTHS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Spinning</u>		
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) <u>Cass County Mo.</u>		
13. NAME <u>Fred Whitman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Leora King</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bedford Ill</u>		
17. INFORMANT (ADDRESS) <u>Fred Alcock</u> <u>Hammondville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Austin Mo</u> DATE <u>Jan 18, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Atkinson & Eastell</u> <u>Austin Mo</u>		
20. FILED <u>1/18</u> 19 <u>32</u> <u>Dr. B. J. Zander</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 1 1932 to Jan 13 1933

I last saw him alive on Jan 13 1933 Death is said to have occurred on the date stated above, at 2 a.m.

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

Carcinoma Liver 1931

Other contributory causes of importance:

Carcinoma Breast

Resumed in 1931.

Name of operation Removal of uterus and ovaries Date of Jan 13, 1933

Where did injury occur? At home

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury Jan 13, 1933

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) George W. Zander M. D.
(Address) Hammondville Mo

