

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.

APR 21 1933

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

Do not use this space.

Dr. 9229  
A. Houston

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2091  
 5 City Springfield Mo. No. 837 E. Elm St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. General Y. East  
 (a) Residence, No. 837 E. Elm 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. East (Dec)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1864  
 7. AGE YEARS 69 MONTHS 0 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 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) Indiana  
 MOTHER 13. NAME \_\_\_\_\_  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Dorothy Dyer  
 (ADDRESS) 837 E. Elm  
 18. BURIAL, CREMATION OR REMOVAL PLACE Maple Park DATE March 29, 1933  
 19. UNDERTAKER Alma LaFreyer  
 (ADDRESS) Springfield Mo.  
 20. FILED B-29 1933 Alpena  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1932, to 3-27, 1933  
 I last saw him alive on 3-27, 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma with metastases of uterus  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 48  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy Was there an autopsy? Yes  
 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) May Jan. Cochet, M. D.  
 (Address) Medical Int. Bldg. 2nd Floor

