

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

Do not use this space.

**1. PLACE OF DEATH**

21 County Chariton Registration District No. 177 File No. 15975  
Township Meadow Primary Registration District No. 5238 Registered No. 8  
City..... (No. .... St. .... Ward)

**2. FULL NAME**

Unnamed  
(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 1933</u>		
7. AGE YEARS	MONTHS	DAYS
—	—	—
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>		
MOTHER	13. NAME <u>Willis W. Long</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Meadow Mo.</u>	
	15. MAIDEN NAME <u>Willard Madden</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Garywood Mo.</u>		
17. INFORMANT (ADDRESS) <u>Willis W. Long Meadow Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Meadow</u> DATE <u>May 4 33</u>		
19. UNDERTAKER (ADDRESS) <u>W. D. West Meadow Mo.</u>		
20. FILED <u>5/4</u> 19 <u>33</u> <u>W.D. West</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 4 1933 to May 4 1933  
I last saw her alive on May 4 1933. Death is said to have occurred on the date stated above, at 2:30 m.  
The principal cause of death and related causes of importance were as follows:  
Arrested development in uterus  
158 158  
Other contributory causes of importance:  
Pyelitis following medical procedure  
metastasis

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) W.D. West , M. D.  
(Address) Meadow 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.

JUN 21 1933

