

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

Do not use this space.

1. PLACE OF DEATH  
 44 County Lee Registration District No. 372 File No. 16376  
 5 Township \_\_\_\_\_ Primary Registration District No. 4218 Registered No. 738  
 2 City Mound City (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)  
 2 FULL NAME Uris Phyllis Jaslin  
 (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  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Jaslin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 0 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 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) Holt Co Mo.  
 MOTHER FATHER 13. NAME Andrew Steel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 15. MAIDEN NAME Sarah Bandy  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
 17. INFORMANT Joe Jaslin  
 (ADDRESS) Mound City Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 5723 1933  
 19. UNDERTAKER W. J. Crawford  
 (ADDRESS) Mound City Mo.  
 20. FILED May 23, 1933 J. C. Ferguson  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to May 22, 1933  
 I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 7 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma test Date of onset \_\_\_\_\_  
ovary  
49A 49  
 Other contributory causes of importance: \_\_\_\_\_  
 23. Name of operation exploratory Date of July 32  
 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 \_\_\_\_\_, 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) D. Perry M. D.  
 (Address) Mound City, 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 22 1933

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