

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

Do not use this space.

20646

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1. PLACE OF DEATH

County Greene
Township Greene, Mo.
City Greene, Mo.

Registration District No. 660
Primary Registration District No. 4396

File No. _____
Registered No. _____
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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General house keeping

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) St. Marys, Mo.

13. NAME Melissa Chouder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Marys, Mo.

15. MAIDEN NAME Rosa Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT James Phillips
(ADDRESS) Greene, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE June 25 1933

19. UNDERTAKER Bay State Co.
(ADDRESS) _____

20. FILED 6-23 1933 Geo. M. Meekel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 30th 1932 to June 22 1933

I last saw her... alive on May 20th 1933 Death is said to have occurred on the date stated above, at 12:35 P.M.

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

Carcinoma of the
the C. U. O. U.
Other contributory causes of importance: _____

Name of operation Laparotomy Date of June 7th 1933

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? _____

If so, specify _____

(Signed) W. H. Park, M. D.

(Address) Greene, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED

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Geo. M. Meekel
Registrar.

