

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.

JAN 26 1934

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

Do not use this space.

39424

1. PLACE OF DEATH
 17 County Carroll Registration District No. 135
 Township Watter Primary Registration District No. 5192
 City (No.) St. Ward

2. FULL NAME Emma Myrtle Sylvester
 (a) Residence, No. St. Ward. (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 Fe. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Sylvester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	56	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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) Carroll County Mo.

13. NAME Chas. Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gettysburg Pa.

15. MAIDEN NAME Anna Hauffman

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

17. INFORMANT (ADDRESS) Walter Sylvester Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Trolley Cem DATE 12-7 1933

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.

20. FILED 12-7 1933 Ruth Washburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933 to 12-4 1933
 I last saw her alive on 12-4 1933. Death is said to have occurred on the date stated above, at 10:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Adeno-Carcinoma right ovary
 Date of onset 4/7/33

Other contributory causes of importance 49

Name of operation Exploratory Date of Sept 1933
 What test confirmed diagnosis? Uterine Exam 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) William G. Alwood, M. D.
 (Address) Carrollton, Mo.

