

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

Do not use this space.

39573

1. PLACE OF DEATH

County Cooper Registration District No. 222
 Township Pilot Grove Primary Registration District No. 4135
 City Pilot Grove No. _____ St. _____ Ward _____

File No. 17
 Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hayes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-29-1879
 7. AGE YEARS 54 MONTHS 3 DAYS 4 IN LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Sept 1st-33 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Bedford (STATE OR COUNTRY) Pettis Co-Missouri

13. NAME James Sheese

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Brooks

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Wm Hayes (ADDRESS) Pilot Grove, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Pilot Grove DATE Dec 7 1935

19. UNDERTAKER Hayes & Stocklin (ADDRESS) Pilot Grove, Mo

20. FILED Dec 2 1933 Mrs. E. B. McWhitem Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1933 to 12-1 1933

I last saw her alive on Nov, 29 1933 Death is said to have occurred on the date stated above, at 10:50 PM.

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

Carcinoma of Cervix Date of onset Jan 17 33

Other contributory causes of importance: 487 1390 48

Name of operation Amputation of Cervix Date of June 33

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) J. D. Boley, M. D.

(Address) Pilot Grove, Mo.

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.

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