

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

Do not use this space.

39637-B

**1. PLACE OF DEATH**

County Douglas Registration District No. 917  
Township Spink Creek Primary Registration District No. 5297  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Dora Hightower  
(a) Residence, No. (Usual place of abode) St. Ward.

Length of residence in city or town where death occurred 3 yrs. 6 mos. How long in U. S., if of foreign birth? 4 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M. Hightower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20<sup>th</sup> 1865</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>70</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		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)		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30<sup>th</sup> 1933  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 15<sup>th</sup> 1933, to Dec. 30<sup>th</sup> 1933  
I last saw her alive on Dec. 29<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 5:45 m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma

Date of onset	<u>X</u>
Other contributory causes of importance:	<u>48</u>
Name of operation	<u>X</u>
Date of	
What test confirmed diagnosis?	<u>X</u>
Was there an autopsy?	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steuber County Mo</u>
	13. NAME <u>Salmon Gardner</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	15. MAIDEN NAME <u>Dora Gardner</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Steuber Co. Mo.</u>
	17. INFORMANT (ADDRESS) <u>Louise Hightower</u> <u>Bladysphie Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE	<u>Sweeton</u>
DATE	<u>Dec 31 1933</u>
19. UNDERTAKER (ADDRESS) <u>Miss A. Bell</u> <u>Dora Mo.</u>	
20. FILED <u>1-9</u> 19 <u>34</u> <u>Harry Kuttner</u> Registrar.	

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) J. R. Bell, M. D.  
(Address) Dora, 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.

7-1934

2-7-35

CAUTION - This information should be carefully supplied to the physician. It should be stated EXACTLY. PHYSICIANS should report.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas Registration District No. 917  
Township Brough Creek Primary Registration District No. 5297  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39637-B  
Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Hightower</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>#</u>	<u>68</u>	<u>10</u>	<u>8</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>			
	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) <u>Webster County, Mo.</u>				
MOTHER	13. NAME <u>Laloman Gardner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
	15. MAIDEN NAME <u>Dora Gardner</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster County, Mo.</u>				
17. INFORMANT <u>Louise S. Hightower</u> (ADDRESS) <u>Blanche, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sweeton Cemetery</u> DATE <u>1-1</u> 19 <u>27</u>				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>1-9</u> 19 <u>27</u> <u>Harry Kuttler</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1923

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Carcinoma of uterus, end cervix

Date of onset

Other contributory causes of importance:

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

**SUPPLEMENTARY**

-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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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