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.

FEB 27 1934

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

Do not use this space. 41121-A

1. PLACE OF DEATH County Ripley Registration District No. 750 File No. 12
Township Primary Registration District No. 5-A-85-144 Registered No. 1207
City Ward, or Village Ward, or Village St. Ward)

2. FULL NAME Mildred Moneta Venable

(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 F
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 Roy Venable
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7-1915
7. AGE Years 18 Months Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Walnut Ridge Arkansas

FATHER
13. NAME W. M. Crain
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poynor Mo

17. INFORMANT (ADDRESS) Roy Venable

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozly Mo. DATE 12-2-33

19. UNDERTAKER (ADDRESS) Jordan

20. FILED 12-3 1933 C B Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1933

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1933, to December 2, 1933
I last saw her alive on December 2, 1933 Death is said to have occurred on the date stated above, at 12:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel obstruction with a perforation	
13 B	
23 A	

Other contributory causes of importance:
Degenerated necrotic cystic tumor of the ovary

Name of operation Removal of cystic tumor Date of 11-27-33
What test confirmed diagnosis? Operation 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) J. C. Williams, M. D.
(Address) Doniphan, Mo.