

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

Do not use this space.

42410

1. PLACE OF DEATH

County WASHINGTON
Township BRETON
City Potosi (No. 2051)

Registration District No. 887
Primary Registration District No. 6179

File No. _____
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 F 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 FRANK L. CASEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 9 11

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) Potosi Mo.

13. NAME HENRY L. SMITH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OSAGE Co.

15. MAIDEN NAME MAGGIE

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

17. INFORMANT F. L. CASEY Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo DATE 12/26/33

19. UNDERTAKER J. B. Bayley Potosi Mo

20. FILED Dec 29 1933 G. F. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to 12-23, 1933
I last saw her alive on 12-23, 1933 Death is said to have occurred on the date stated above, at 3 P. m.

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

Carcinoma of cervix uteri. Date of onset

48 48
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) Geo. L. Shuman, M. D.
(Address) Potosi 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

