

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.

MAR 24 1934

MICHIGAN BOARD OF HEALTH  
 VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

4161

1. PLACE OF DEATH  
 15 County Camden District No. 117  
 Township Osage Registration District No. 5167  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maud Pope  
 (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. da.

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 John W Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1878

7. AGE YEARS 55 MONTHS 6 DAYS 10 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 \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County Mo.

FATHER 13. NAME Chester Selby

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

15. MAIDEN NAME Menervia Parish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co mo

17. INFORMANT John Pope  
 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Freedom Cem DATE Feb 13 1934

19. UNDERTAKER Chas Bankson  
 (ADDRESS) Camden Mo.

20. FILED Mar 10 1934 Lyzz W Miller  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 11 1934  
 I last saw h. or alive on Feb 9 1934. Death is said to have occurred on the date stated above, at 11-17 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of blood Date of onset \_\_\_\_\_  
of uterus  
Post-operative

Other contributory causes of importance: 5-8-14

Name of operation Removal of Uterus Date of Jan 7-33  
 What test confirmed diagnosis? Smear 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? 2 (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) Jno D. Mowder, M. D.  
 (Address) Lebanon mo.

