

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 5390  
Township Salem Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City Jasper (No. Fresman Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

(a) Residence, No. 902 North Street Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
37 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress  
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) July 1933 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo.13. NAME Jas. A. Bryant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Elizabeth Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper17. INFORMANT (ADDRESS) A. E. Bryant  
Carroll Junction Mo18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. Case Cem DATE Feb 21 193419. UNDERTAKER (ADDRESS) J. C. Rowley  
Carroll Junction Mo20. FILED 2-24 1934 E. D. Jones  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 193422. I HEREBY CERTIFY, That I attended deceased from 1-28 1934 to 2-20 1934  
I last saw her alive on 2/20 1934 death is saidto have occurred on the date stated above, at 1:15 a.m.

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

Spleen - Myelogenous  
Leukemia Ch. 1932  
Date of onset

Other contributory causes of importance:

Name of operation Splenectomy Date of 2-15-34  
What test confirmed diagnosis? Lab 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. C. Rowley M. D.  
(Address) Jasper 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.

