

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

Do not use this space.

**1. PLACE OF DEATH**

County Adair Registration District No. 4  
 Township Northville Primary Registration District No. 3001  
 City Northville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7647  
 Registered No. 118

**2. FULL NAME**

(a) Residence, No. Shry-Smith Hospital Ward. Greentop Mo  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. O. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-22-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
 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) Greentop Missouri

13. NAME Fredrick J. Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Youngtown Tenn

15. MAIDEN NAME Susan Lucy Roberts

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

17. INFORMANT W. O. Young (ADDRESS) Greentop Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greentop DATE 3-11-1934

19. UNDERTAKER Deed Riley (ADDRESS) Kirksville Mo

20. FILED Mar. 10 1934 Spencer Luevan Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 March 1934

22. I HEREBY CERTIFY, That I attended deceased from 26 Feb - 1934 to 8 March 1934  
 I last saw her alive on 7 March 1934 Death is said to have occurred on the date stated above, at 3:45 am

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

Metastatic Carcinoma of lung and liver Date of onset Dec 31  
47.5 48  
47.5 48  
 Other contributory causes of importance: Carcinoma Cervix Uteri 1931 (Primary growth)

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Xray 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) E. S. Smith \_\_\_\_\_, M. D.

(Address) Kirksville 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

