25 193

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.

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

Do not use this space. Dr Yancey

8582

1. PLACE OF DEATH 890 No Franklin
County Greene Registration District No. 318
Township Primary Registration District No. 2001
City Springfield Mo (No. ..... St. ..... Ward)

File No. 78
Registered No.

2. FULL NAME Mary Stavens
(a) Residence, No. 890 No Franklin 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 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 Billie Stavens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 — 1862

7. AGE 71 YEARS | MONTHS 6 | DAYS 5 | 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) Harrisonville

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ ✓ ✓

MOTHER
15. MAIDEN NAME ✓ ✓ ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓ ✓ ✓

17. INFORMANT Billie Stavens
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bedford DATE Mar 13 1934

19. UNDERTAKER Hanna & Tolmey
(ADDRESS) Springfield Mo

20. FILED 3-14 1934 Ralph W. Langston
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11-19 34

22. I HEREBY CERTIFY, That I attended deceased from 11-22-33, 19..., to Mar 3, 1934
I last saw her alive on Mar 3, 1934. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cardiovascular renal disease before | 11-22-33 |
| 48 | |
| 40 | |
| 12 | |

Other contributory causes of importance: Carcinoma of Cervix before 11/22/33

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) Daniel L Yancey, M. D.
(Address) 214 N Jefferson