

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

Do not use this space.

9686

File No. _____
Registered No. 91 St. _____ Ward _____

APR 25 1934

1. PLACE OF DEATH

County Madison Registration District No. 547
Township Madison Primary Registration District No. 3079
City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Marshall Mo St. _____ Ward _____
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ogl.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6th 1908</u>		
7. AGE	YEARS	MONTHS
	<u>26.</u>	<u>3</u>
		<u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	<u>Hannibal Mo</u>	
FATHER	13. NAME <u>Ben. Cromer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Mo</u>	
MOTHER	15. MAIDEN NAME <u>Emma. Sordnick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>	
17. INFORMANT <u>Tom Bernice Weeden</u> (ADDRESS) <u>211 1/2 St. Hannibal Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison Mo</u> DATE <u>3/25/34</u>		
19. UNDERTAKER <u>James Calmes</u> (ADDRESS) <u>Hannibal Mo</u>		
20. FILED <u>Mar 22 1934</u> <u>R. H. Jobster</u> Registrar.		

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 22 1933 to March 16 1934
I last saw alive on March 16 1934. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Primary Cause	Date of onset
<u>48 Carcinoma of Cervix</u>	
<u>53E</u>	
<u>48</u>	
Other contributory causes of importance:	
<u>General Carcinomatosis</u>	
<u>Heart failure</u>	

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin 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. Reichen M. D.
(Address) 900 Broadway Hannibal

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.

