

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

Do not use this space.

51
MAY 25 1934

1. PLACE OF DEATH

County Johnson Registration District No. 427
Township Madison Primary Registration District No. 4253
City Holden (No. _____) St. _____ Ward _____

File No. 13356

Registered No. 25

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Wayne Lycan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>11</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At 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 _____

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1934, to April 17, 1934
I last saw her alive on April 17, 1934 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Obstructed Bowel - Date of onset Apr. 17
1897
54 B.
12. 2. 19 ✓
Other contributory causes of importance: _____

Name of operation Ruwood Curtis Op. Date of Apr. 8th
What test confirmed diagnosis? _____ 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) Edmond Andrews M. D.
(Address) Holden, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

MOTHER: 13. NAME David McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.
15. MAIDEN NAME Berlina Akers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

FATHER: 17. INFORMANT Wayne Lycan
(ADDRESS) Holden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden Cemetery DATE Apr, 1934

19. UNDERTAKER T. M. Goodman
(ADDRESS) Holden Mo.

20. FILED April 19, 1934 S. A. Murray Registrar

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.

UNFADING INK—THIS IS A—

YOU WILL NOT RECEIVE A FEE FOR...

...of property claim...

...

...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson Registration District No. 427
 Township Golden Primary Registration District No. 4253
 City Golden (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. _____, Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

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

I last saw h..... alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at _____ m.

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 _____

(Obstructed bowels) Date of onset _____

Other contributory causes of importance: Removal of cystic ovary and fibrous uterus. Not malignant.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of Apr. 8, 1934

13. NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Apr. 19, 1934 J. G. Murray, M.D. Registrar

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-13356