

SEP 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Shelby  
Township South-River  
City Shelbina (No. .... St. .... Ward)

Registration District No. 830  
Primary Registration District No. 4503

File No. 19193-2  
Registered No. 21

## 2. FULL NAME

(a) Residence, No. Shelbina, Mo. 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 W. A. Howell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 1 27

8. Trade, profession, or particular kind of work done, as planner, 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) Shelby Co. Mo.13. NAME Jess T. Harder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo Virginia15. MAIDEN NAME Elizabeth Maddox16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) W. A. Howell  
Shelbina Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina cemetery DATE MAY 13<sup>TH</sup> 193419. UNDERTAKER (ADDRESS) E. Hayes  
Shelbina, Mo.20. FILED Sept 20 1934 Wm. R. H. Wailes  
Registrar.

## 5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to May 10 1934  
I last saw him alive on May 10 1934. Death is said to have occurred on the date stated above, at 2 A. m.

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

Hysterectomy for fibroid tumor - Operation performed at Shelbina Hospital  
adhesions between Duodenum and stomach - as cause protracted indigestion with emaciation  
Other contributory causes of importance: 5410  
1315  
179

Date of onset

Name of operation 179 Date of operation 179  
What test confirmed diagnosis? Clinical history Was there an autopsy? Yes

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) W. R. Smith, M. D.(Address) Shelbina, Mo.

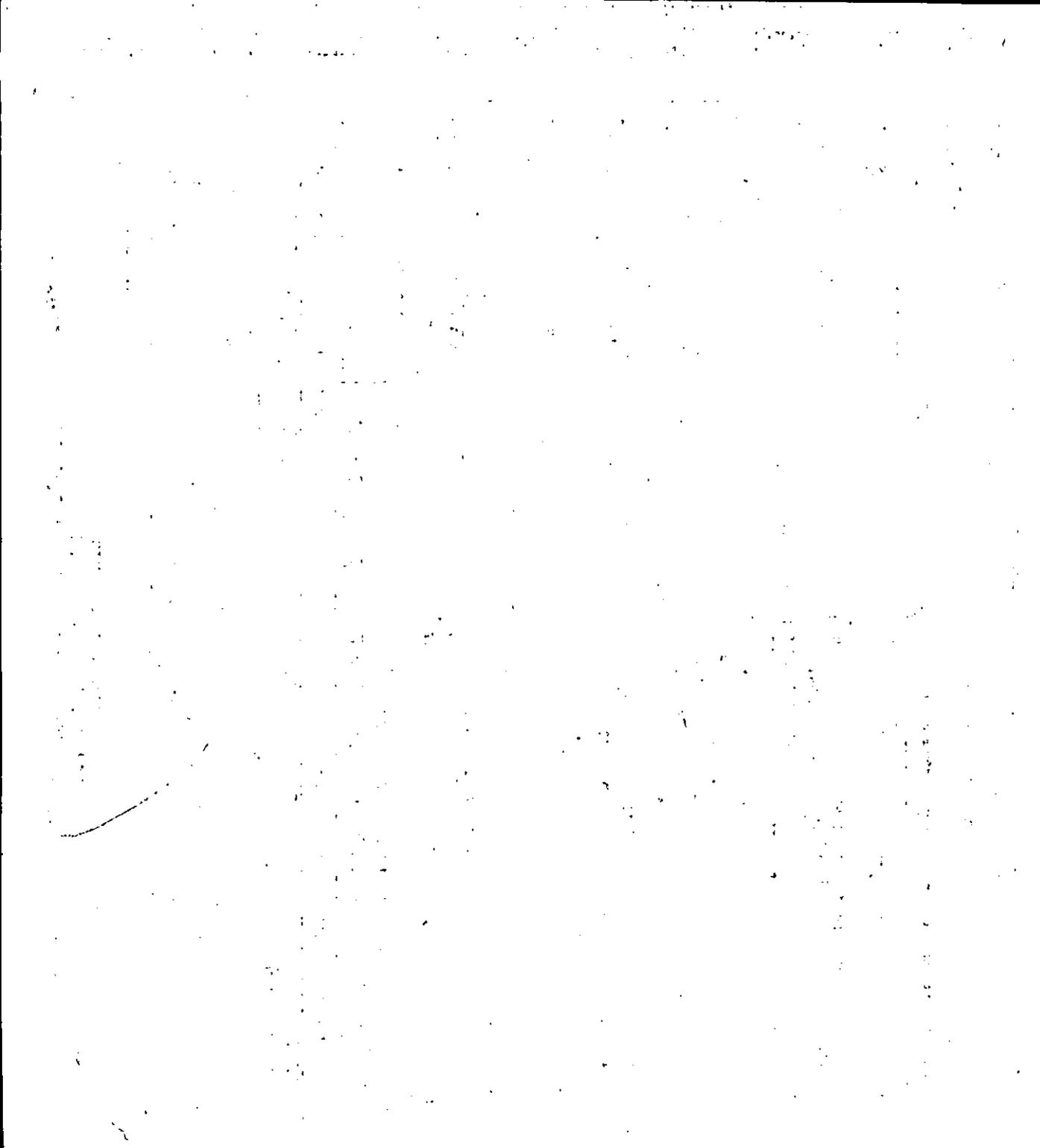
WRITE PERMANENTLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

235

23

92 4 28



*Shelby*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Sara B Houell  
Who died at \_\_\_\_\_ on May 11 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex ♀ Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation Hysterectomy for Leucod Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) Illinois - not malignant

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Operation revealed adhesions between Duodenum and Stomach - as cause of perforated indigestion and emaciation.

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician Dr. J. D. Smith

Address of physician Shelby - Missouri

X Signature of Registrar Mrs. P. H. Wailes Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 830

Primary Reg. Dist. No. 4503

*E. T. McLaugh*

Special Agent Registrar