

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

Do not use this space.

NOV 22 1934

30445

**1. PLACE OF DEATH**

County Polk  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 209  
Primary Registration District No. 6291

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. .... St. .... 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**

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 Amos Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20-80

7. AGE YEARS 54 MONTHS 4 DAYS 26 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Nurse-Wife

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) Bolivar Mo.

13. NAME Reese powder

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

15. MAIDEN NAME Mary G. Frank

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

17. INFORMANT Amos J. Wilson  
(ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE Polk DATE Aug 17, 1934

19. UNDERTAKER Mitchison - Blue  
(ADDRESS) Bolivar

20. FILED Oct 5 1934 Veda McClracken  
Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY, That I John deceased from Aug 14, 1934 to Aug 14, 1934. I last saw h. alive on Aug 14, 1934. Death is said to have occurred on the date stated above, at 4 P.m.

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

Other contributory causes of importance: 490

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) J. J. ..., M. D.  
(Address) 730 Bolivar Mo

WRITE PLAINLY, 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.

