

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

Do not use this space.

32116

OCT 11 1934

1. PLACE OF DEATH

County Calderwell
Township Worner
City (No.)

Registration District No. 96
Primary Registration District No. 5148

File No.
Registered No. 18 St. Ward)

2. FULL NAME Missouri Bell Pawsey

(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 <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>John Pawsey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 1863</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>1</u>	If LESS than 1 day, hrs. 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>Darress Co. Missouri</u>				
FATHER	13. NAME <u>John Tuggle</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
MOTHER	15. MAIDEN NAME <u>Maria Henry</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>John Pawsey</u> (ADDRESS) <u>Nettleson Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>The Highland Cemetery</u> DATE <u>Sept 9 1934</u>				
19. UNDERTAKER <u>Nettie L. Staughton</u> (ADDRESS) <u>Union Mo</u>				
20. FILED <u>Sept 9 1934</u> <u>Merle Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1933 to Sept. 7 1934
I last saw her alive on Sept 7 1934 Death is said to have occurred on the date stated above, at 9:18 P.M.
The principal cause of death and related causes of importance were as follows:
410
Carcinoma of Rectum 1933
Primary
Other contributory causes of importance: W6

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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

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) L.M. Daley , M. D.
(Address) Personal for Mrs

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.

95 29

