

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.

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

Do not use this space.

33806

1. PLACE OF DEATH  
County Ralls Registration District No. 72E  
Township Clay Primary Registration District No. 3761  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Vail  
(a) Residence, No. Clay Jones Ralls Co. Mo. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Jacob Vail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 29, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 6 11

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler County Illinois

13. NAME Ismael Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Kentucky

15. MAIDEN NAME Elizabeth Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Kentucky

17. INFORMANT Mrs. Jess Lett (Daughter)  
(ADDRESS) Rt 4, Nashville, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bear Creek DATE Sept 23, 1934

19. UNDERTAKER Wm. M. Smith  
(ADDRESS) 902 Bdwg. Nashville, Mo.

20. FILED Sept 24, 1934 Wm. M. Smith Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934, to Sept 19, 1934  
I last saw her alive on Sept 19, 1934 Death is said to have occurred on the date stated above, at 11:40 A.M.  
The principal cause of death and related causes of importance were as follows:  
Ca of ascending colon  
metastasis to liver  
& intestines  
washing & irrigation  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Ch 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? MD  
If so, specify \_\_\_\_\_  
(Signed) Wm. M. Smith M. D.  
(Address) 101 Bdwg. Nashville, Mo.

