

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.

NOV 15 1934

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

Do not use this space.

38303

1. PLACE OF DEATH

County Vernon  
Township  
City Nevada (No. 30-11)

Registration District No. 875  
Primary Registration District No. 6-160

File No. ....  
Registered No. 216  
St. .... Ward)

2. FULL NAME

Winnie Steadman  
(a) Residence No. Miss mo. St., ... Ward.

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27 1868</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>4</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper of squoid flaps?</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ab</u>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation <u>53</u>

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

13. NAME Wilson Spade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Mansfield Ohio

15. MAIDEN NAME Jane Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Pont Know Ohio

17. INFORMANT (ADDRESS)  
W. E. Spade Nevada mo

18. BURIAL, CREMATION, OR REMOVAL  
Sandstone Cem. DATE Oct 31 1934

19. UNDERTAKER (ADDRESS)  
Ferry Funeral Home Nevada mo

20. FILED Oct 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30. 1934  
22. I HEREBY CERTIFY that I attended deceased from Oct 26, 1934 to Oct 30, 1934  
I last saw her alive on Oct 29, 1934 Death is said to have occurred on the date stated above, at 8 a m.

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

Primary carcinoma of sigmoid flexure? of sigmoid with interstitial obstruction  
Date of onset  
Abdominal carcinoma  
Other contributory causes of importance:

Name of operation Golustomy Date Oct 26  
What test confirmed Abdominal 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? No  
If so, specify .....

(Signed) W. E. Spade M. D.  
(Address) Nevada, Mo.

