

DEC 3 8 1934

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

Do not use this space.

40120

## 1. PLACE OF DEATH

County Montgomery Registration District No. 596  
Township Wellsville Primary Registration District No. 4353  
City Wellsville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 32Registered No. 32

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF W. E. Hoyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1874

7. AGE YEARS 87 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

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. Same

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) Virginia13. NAME John Spears14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Stewart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs. Alice Thomas  
Wellsville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE 11-13-3419. UNDERTAKER (ADDRESS) A. A. Markorch  
Wellsville Mo.20. FILED Nov 13, 1934. Mrs. Mike Mc Dermott  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 11, 193422. I HEREBY CERTIFY, That I attended deceased from April, 1933 to NOV 11, 1934I last saw her live on NOV 11, 1934 Death is saidto have occurred on the date stated above, at 6 P m.

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

Carcinoma (Liver) Date of onset July 34Primary

Other contributory causes of importance:

Arteriosclerosis ? yrsChronic interstitialNephritis (Senile) ? yrsName of operation None Date of \_\_\_\_\_What test confirmed diagnosis Clinical 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) A. A. Markorch(Address) Wellsville Mo

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.

