

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

Do not use this space.

MAR 21 1935

**1. PLACE OF DEATH**

County Cedar  
Township Cedar  
City (No. ...., ..... St. .... Ward)

Registration District No. 168  
Primary Registration District No. 5232

File No. 4664  
Registered No. 144  
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 Ed Neely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
50 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Kearo

13. NAME O Parish

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

15. MAIDEN NAME Rebecca A Miller

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

17. INFORMANT (ADDRESS) Ed Neely, Eldorado Springs, Mo R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Hackleman DATE 2/6 1935

19. UNDERTAKER (ADDRESS) Gwin - Siders, Eldorado Springs, Mo

20. FILED 2-9- 1935 J.W. Dawson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1935, to Feb 3 1935. I last saw her alive on Feb 3 1935. Death is said to have occurred on the date stated above, at 8 P. m.

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

Carcinoma of Liver Date of onset  
Jaundice

Name of operation none Date of X  
What test confirmed diagnosis? Clin. Diag. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None 19...  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify No  
(Signed) J.W. Richardson, M. D.  
(Address) Missouri

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.

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