

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

Do not use this space.

MAR 26 1935

5231 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Bluel Primary Registration District No. 5554
City Independence (No. _____, St. _____ Ward _____)

File No. _____
Registered No. 69 Sp. _____

2. FULL NAME Mrs. Nettie Georgia Bing

(a) Residence, No. 1822 Claremont St. _____ 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
52 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

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 19

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

13. NAME F. B. Deyerle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salige County

15. MAIDEN NAME Francis Vaughn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hempel Missouri

17. INFORMANT Mrs. Wanda Williams (ADDRESS) 1822 Claremont

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 28 1935

19. UNDERTAKER C. D. Carson (ADDRESS) Union & Lexington

20. FILED 2-28- 1935 F. S. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to Feb 26 1935

I last saw her alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 11:50 pm.

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

General Carcinoma of the Cervix
Date of onset _____
Other contributory causes of importance: 50

Name of operation _____ Date of _____
What test confirmed diagnosis Biopsy 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) Joseph J. McDermott, M. D.
(Address) Professional Bldg Kansas City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ASST. SEC. OF STATE

U.S. DEPARTMENT OF STATE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

1954

CONFIDENTIAL

MEMORANDUM FOR THE SECRETARY

DATE: 10/15/54

RE: [Illegible]

CONFIDENTIAL

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township _____
City _____ No. _____

Registration District No. 398
Primary Registration District No. 5554

File No. _____
Registered No. 64
St. _____ Ward) _____

2. FULL NAME

Nettie Georgia Bing
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 52 1 16

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____

General (Primary) Left Breast Thyroid
Date of onset _____

Other contributory causes of importance: 50

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED April 29, 1935 F. L. Cook Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

SUPPLEMENTARY

APR 26 1935

5-5231