

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

Do not use this space.

APR 1 1935

8218

1. PLACE OF DEATH

County Butler
Township Beaver Dam
City (No.)

Registration District No. 87
Primary Registration District No. 5129

File No.
Registered No. 23

2. FULL NAME

Agnes Delia Pander

(a) Residence, No. 14 W. Hamell Mo

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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George J. Pander</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 23 - 1889</u>		
7. AGE	YEARS	MONTHS
<u>5</u>	<u>45</u>	<u>4</u>
		17
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1934</u>	
		11. Total time (years) spent in this occupation. <u>Life</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1935 to March 10 1935

I last saw h. c. alive on March 3 1935. Death is said to have occurred on the date stated above, at 3:30 m.

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

Date of onset

Other contributory causes of importance:
46

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

13. NAME James J. Disken

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George J. Pander Hamell Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunning Cem DATE Mar 12 1935

19. UNDERTAKER (ADDRESS) A. P. Phelps Caplan Beaufort Mo

20. FILED 3/20 1935 M. S. P. Registrar.

Name of operation The same kind of an operation as at John Hospital St. Louis

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) R. L. Turner, M. D.
(Address) Keokuk, 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

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15
31
31

