

APR 18 1935

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

Do not use this space.

8945

## 1. PLACE OF DEATH

County Howard Registration District No. 378  
Township Moniteau Primary Registration District No. 5531  
City Hillsdale (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 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 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (by the the word)5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed (OR) WIFE OF Willie Robinson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 18607. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 75 - - -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.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Howard County (STATE OR COUNTRY) Missouri13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Margaret Ray (ADDRESS) Hillsdale, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsdale No. 3-18 DATE 3-18-35 19.3519. UNDERTAKER Stewart P. Parker (ADDRESS) Columbia, Missouri20. FILED 3/18/35 V. J. Bourbon Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to \_\_\_\_\_, 19\_\_\_\_I last saw her alive on 3-15, 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Carcinoma of stomach Date of onset 6-1-34Other contributory causes of importance: 4/6  
Myocarditis (Chr.) 8-134Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no23. 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. Bloom, M. D.  
(Address) Fayette 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.

