

APR 24 1935

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

Do not use this space.

10114

1. PLACE OF DEATH

County PETTISRegistration District No. 668

Township

Primary Registration District No. 3032City SEDALIA(No. BOTHWELL HOSPITAL)File No. 100Registered No. 668

St. _____ Ward _____

2. FULL NAME

IRENE DeFREESE(a) Residence, No. 912 SO. OSAGE 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFREV. K. DeFREESE

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

OCT. 11 1891

7. AGE

YEARS
43MONTHS
5DAYS
3IF LESS THAN 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.HOUSEWIFE9. 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)ILL.

13. NAME

MILLARD TROKELL14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MD.

15. MAIDEN NAME

JULIET ENSUNING16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)PA.17. INFORMANT
(ADDRESS)REV. K. DeFREESE
SEDALIA MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MEM PARKDATE MAR. 16 193519. UNDERTAKER
(ADDRESS)GILLESPIE FUNERAL HOME
SEDALIA MO.

20. FILED

Mar 15 1935 Jean Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 14/35 1935

22. I HEREBY CERTIFY, That I attended deceased from

Feb 28 1935 to March 14 1935I last saw him alive on March 13, 1935. Death is saidto have occurred on the date stated above, at 8-9 a.m.

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

Abdominal Carcinomatosis

Date of onset

Oct 1934

Other contributory causes of importance:

Name of operating physician Genl. Onaka M.D. Date of Dec 1934What test confirmed diagnosis? _____ Was there an autopsy? M

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935Where 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? M

If so, specify _____

(Signed) W. A. Beechey, M. D.(Address) Sedalia 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.



MAY 3 1 1935

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 PettisRegistration District No. 668

Township _____

Primary Registration District No. 3032

City _____

(No. Bathwell Hosp)

File No. _____

Registered No. 100

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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word) M21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1935

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

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

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
43 5 3

Date of onset

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

Abdominal
carcinoma

Other contributory causes of importance:

Operation was performed at
Obwalds Hosp. Do not know
seat of carcinoma

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

13. NAME

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

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 4-15 1935 Jean Slack RegistrarName of operation (see) 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) _____

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.

MAY 27 1935

Patient was brought home and
placed in Potterell Hoop.

Was in during condition

S-10114

21-9