

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

Do not use this space.

15561

1. PLACE OF DEATH

County Bates Registration District No. 267 File No. 2
Township Mingo Primary Registration District No. SP 90 Registered No. 2
City Adrian (No. _____) St. _____ Ward _____

2. FULL NAME

Ide Maria Taylor Underwood
(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 22 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 William Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>65</u>	<u>2</u>	<u>19</u>	

OCCUPATION 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) May 24, 1935 11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Missouri

FATHER 13. NAME Patrick Henry Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock, Franklin Co. Massachusetts

MOTHER 15. MAIDEN NAME Harriet Rozetta Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Illinois

17. INFORMANT (ADDRESS) Frank Underwood Adrian, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ass Co 3220 DATE July 29, 1935

19. UNDERTAKER (ADDRESS) Herbert Bazzell Brighton 2220 St. Adrian, Mo.

20. FILED July 1, 1935 Registrar W. E. Hall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to May 28, 1935

I last saw her alive on May 28, 1935 Death is said to have occurred on the date stated above, at 9:40 P.M.

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

Metastatic Carcinoma of liver and gall bladder Date of onset Unkn-own

Other contributory causes of importance: pleurisy acute nephritis May 25, 26

Name of operation none Date of _____

What test confirmed diagnosis? none 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 _____, 19 _____

Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

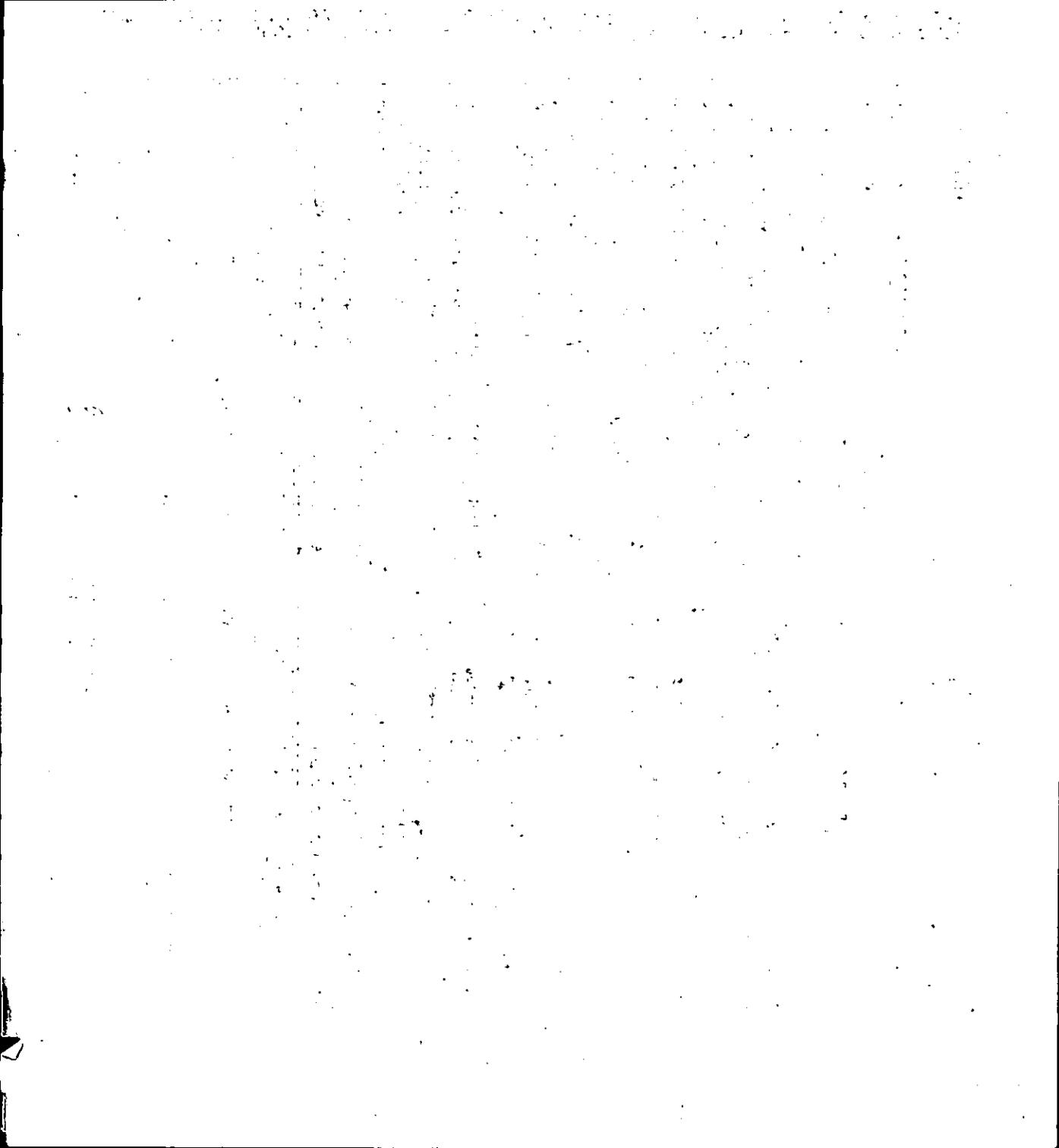
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) R. Evelyn Alward, M.D.

(Address) Adrian, 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.



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1. PLACE OF DEATH

County Bates
Township Mingo
City (No. St. Ward)

Registration District No. 267
Primary Registration District No. 2090

File No.
Registered No. 2

2. FULL NAME

Ida Maria Taylor Underwood

(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 F. 4. COLOR OR RACE Gr 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, A. hrs. min.
65 2 19

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

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 Cass Co Mo DATE May 29 1935

19. UNDERTAKER (ADDRESS) Habit Arnold
Creighton Mo

20. FILED June 10, 1935 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

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:

Metastatic carcinoma of liver and gall bladder. Primarily of liver - metastatic in that it spread to obstructed duodenum & portion of hepatic flexure of bowel.
Other contributory causes of importance:
acute pleurisy
acute hepatitis

Date of onset

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.

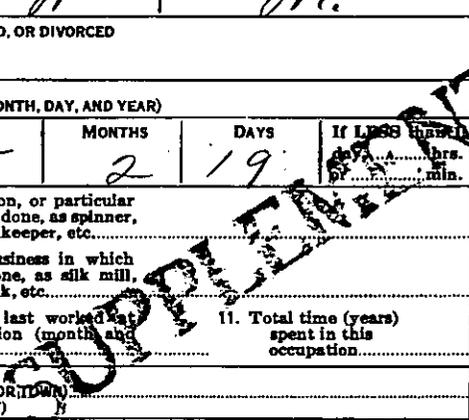
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Evelyn Howard M.D.
(Address) Adrian 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.



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