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

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.

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

Do not use this space.

18973

1. PLACE OF DEATH
County Buchanan — Registration District No. 81 — File No.
Township Bloomington — Primary Registration District No. 5122 — Registered No. 8
City (No. , St. Ward)

2. FULL NAME Juno E. Call
(a) Residence, No. DeKalb, Missouri St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William C. Call

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 25. 1893

7. AGE: YEARS 41 — MONTHS 7 — DAYS 24 — If LESS than 1 day, hrs. or min.

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): March 1935
11. Total time (years) spent in this occupation: 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westboro Missouri

FATHER
13. NAME: Jay Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): William C. Call, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DeKalb, Mo. DATE: June 21, 19[illegible]

19. UNDERTAKER (ADDRESS): Heaton-Be Gale & Bowman, 319 So. 10 St. St. Joseph, Mo.

20. FILED 7/10, 1935 — J. W. McAdow, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 19, 1935. I last saw her alive on June 19, 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Uterus | Jan 1935 |

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? 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) E. B. McAdow, M. D.
(Address) DeKalb Mo.