

**JUL 25 1935 MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

20563

**1. PLACE OF DEATH**

County Oregon  
 Township Thayer  
 City Thayer (No. ....)

Registration District No. 632  
 Primary Registration District No. 4382

File No. ....  
 Registered No. 20 St. .... Ward)

**2. FULL NAME**

Dora B. Piland

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)

34

(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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

68. 0 21

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

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) Kentucky

13. NAME J. N. Piland

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

15. MAIDEN NAME Pernicia B. Lynn

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

17. INFORMANT Mrs. W. Morgan (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer, Mo DATE 6/15-35 19.

19. UNDERTAKER Leo Barr (ADDRESS) Thayer, Mo

20. FILED June 15, 1935 George Johnson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-13-35, 1935, to 6-14-, 1935

I last saw h. ee alive on 6-13, 1935. Death is said to have occurred on the date stated above, at 1:20 P. M.

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

Intestinal Obstruction 6-12-35

Hypertension

Chronic Nephritis

Other contributory causes of importance None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1935

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

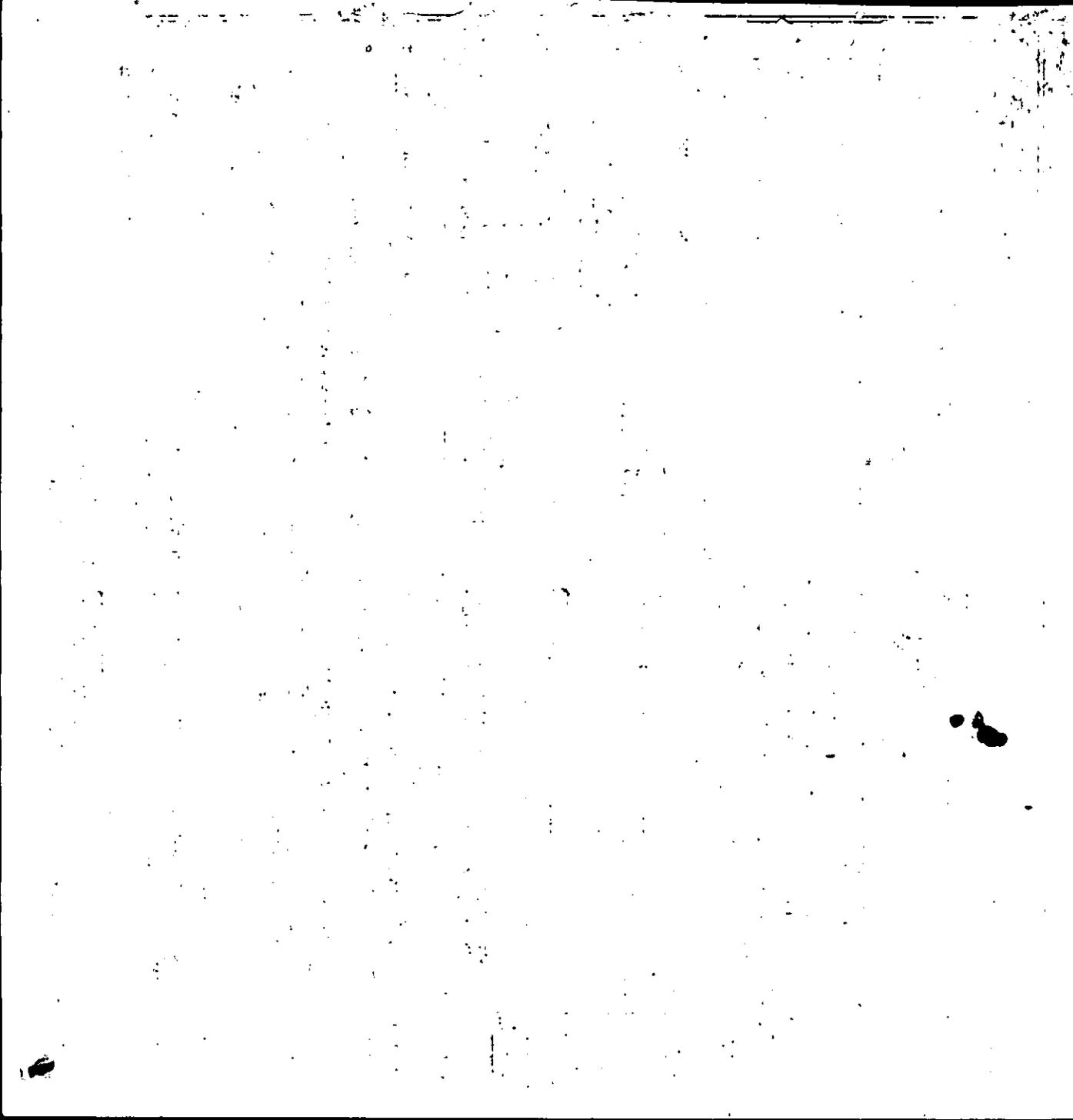
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) C. W. Cooper, M. D.

(Address) Cooper



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

Do not use this space.  
ALL INFORMATION OBTAINED  
HEREIN MUST BE WRITTEN  
ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Oregon Registration District No. 632 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4382 Registered No. 20  
City Thayer (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rosa B. Piland  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)  
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 year, day, or month  
68 0 21

OCCUPATION  
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 \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

20. FILED Aug 9 1935 George Johnson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 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:

Intestinal Obstruction (Date of onset \_\_\_\_\_)

Carcinoma of Rectum

Other contributory causes of importance \_\_\_\_\_

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) C. W. Cooper, M. D.

(Address) \_\_\_\_\_

AUG 6 1935

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