

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

Do not use this space.

23448

AUG 16 1938

**1. PLACE OF DEATH**

County Jasper Registration District No. H 11  
 Township Joplin Mo. Primary Registration District No. 2002  
 City Joplin Mo. (No. 323 N. Mineral St.          Ward         )  
 Registered No.         

**2. FULL NAME**

Mrs. Roma Sivens  
 (a) Residence, No. 323 N. Mineral 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 - 1889  
 7. AGE YEARS 45 MONTHS 8 DAYS 20 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. As wife  
 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) Outrage Mo.

13. NAME Will McQuilty

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

15. MAIDEN NAME Sorothy Martin

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

17. INFORMANT (ADDRESS) Mrs. Richard Sanders

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Memorial DATE July 31 1938

19. UNDERTAKEN (ADDRESS) Frank - Stevens Co Joplin Mo.

20. FILED 7-31-38 19 38 - Ed A. James Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1938, to July 29, 1938.

I last saw her alive on July 24, 1938. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Carcinoma Uterus

Date of onset June 1934

Other contributory causes of importance: W.S.

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) W. M. M. M., M. D.  
 (Address) Joplin, Mo.

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.

TABLE 1

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