AUG 19 1935

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

Do not use this space.

23721

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 205

City Hannibal (No. St., Elizabeth Hospital St. Ward)

St. Elizabeth Hospital

2. FULL NAME Edith I. Wharton

(a) Residence, No. Palmyra, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 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 R.A. Wharton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1895

7. AGE: 39 Years, 8 Months, 10 Days. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 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) Shelby County Missouri.

FATHER

13. NAME Henry White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mollie Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

17. INFORMANT (ADDRESS) R.A. Wharton Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra - Mo
PLACE Greenwood Cem. DATE 7/8/35, 19

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.

20. FILED July 8, 1935 R. J. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to July 6th, 1935

I last saw her alive on July 6th, 1935 Death is said to have occurred on the date stated above, at 1:15 p/m

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

Carcinoma of Sigmoid Colon with metastases to bowel, lymph nodes (iliac) and peritoneum.

Date of onset ?

Other contributory causes of importance: Intestinal obstruction

Name of operation Jejuno rejunostomy & Colostomy Date of 6-15-35

What test confirmed diagnosis? X-Ray 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? — (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) F. D. Wolfe, M. D.

(Address) Palmyra, Missouri

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.