AUG 21 1935

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

Do not use this space.

24076

File No.
Registered No. 72

1. PLACE OF DEATH
County Polk
Township Union
City (No. St. Ward)
Registration District No. 9001
Primary Registration District No. 6249

2. FULL NAME Wilma Edna Courtney

(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 1 yrs. 3 mos. 20 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 Terrell Courtney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
26	5	17	

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove Mo.

FATHER
13. NAME Samuel Woods Griffin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut Grove, Mo.

MOTHER
15. MAIDEN NAME Alice Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wishart Mo

17. INFORMANT (ADDRESS) Mrs Alice Griffin Walnut Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE July 28, 1935

19. UNDERTAKER (ADDRESS) Hutchesson Blue & Toalson Aldrich Mo.

20. FILED Aug 9, 1935 Vyrg Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to July 26, 1935
I last saw her alive on June 5, 1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Cervix	Feb-14-35

Other contributory causes of importance

Name of operation Exploratory, Date of June-4-35
What test confirmed diagnosis? Microscopic 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? —
If so, specify —

(Signed) W. T. Pappe, M.D.
(Address) Aldrich 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.

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