

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.

24080-6

NOV 26 1935

1. PLACE OF DEATH

County Wolk
Township Johnson
City Humanville (No. _____)

Registration District No. 703
Primary Registration District No. 4424

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Callers 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>(Widowed)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) <u>Frank Sifers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 11 - 1893</u>		
7. AGE	YEARS	MONTHS
	<u>42</u>	<u>5</u>
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife & teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>pool</u>		
10. Date deceased last worked at this occupation (month and year) <u>May 1935</u>		
11. Total time (years) spent in this occupation. <u>20 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Callers Mo</u>		
13. NAME <u>Saml. Peedem</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co Ind</u>		
15. MAIDEN NAME <u>Fannie Wyatt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair Co Mo</u>		
17. INFORMANT (ADDRESS) <u>Ag Stuppelbaum</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Callers Mo</u> DATE <u>July 19 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Paul Firestone</u>		
20. FILED <u>Nov. 6 1935</u> <u>Ora M. Rich</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16 1935 to July 17 1935
Last saw her alive on July 17 1935. Death is said to have occurred on the date stated above, at 9:19 a.m.

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

Carcinoma of ovary Date of onset 1935
48
drooping 3 mo

Name of operation Chalutized ovary Date of July 16 1935
What test confirmed diagnosis? no 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) Ag Stuppelbaum, M. D.
(Address) Humanville Mo

died in hospital

