

SEP 25 1938

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

Do not use this space.

26321

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 268
St. Ward)

2. FULL NAME

(a) Residence, No. 1403 West Turner St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write by word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 5-2-38 to 8-23-38. I last saw her alive on 8-23-38. Death is said to have occurred on the date stated above, at 6-2-38.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12-1886

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 5 11

Carcinoma of Ovary & metastasis
liver

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: Hepatic insufficiency due to metastasis
Portal obstruction due to metastasis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon

Name of operation oophorectomy Date of 6-6-38
What test confirmed diagnosis? Was there an autopsy? No

MOTHER FATHER 13. NAME Margaret Turk

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

MOTHER FATHER 15. MAIDEN NAME Widow

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

17. INFORMANT Wm Nelson (ADDRESS) 1814 Maywood

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Street DATE Aug 25, 38

19. UNDERTAKER George C. Carson (ADDRESS) 101 No Pleasant

20. FILED 8-28-38 J. L. Bank Registrar.

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) Raymond J. Barstis, M. D. (Address) Independence 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.

