

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

Do not use this space.

28610

OCT 17 1935

1. PLACE OF DEATH

Audrain
County Registration District No. 26
Salt River Township Primary Registration District No. 3002
Mexico, Mo. (No., St. Ward)

File No.
Registered No. 137

2. FULL NAME

Barbara E. Lock

(a) Residence, No. 717 N. Washington 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Lock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 20

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) Gridley, Ill. (STATE OR COUNTRY)

FATHER
13. NAME Albert Seles

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

MOTHER
15. MAIDEN NAME Mary Anderson

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

17. INFORMANT Will Lock (ADDRESS) Mexico mo. 717 N. Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gridley, Illinois DATE Sept. 20, 1935

19. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Mo.

20. FILED Sept 18, 1935 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1935, to Sept 13, 1935
I last saw her alive on Sept - 13, 1935 Death is said to have occurred on the date stated above, at 9:20 A.M
The principal cause of death and related causes of importance were as follows:

Multiple Carcinoma of uterus, sigmoid
Primary seat (Sigmoid)

Other contributory causes of importance:

Operated resection of sigmoid made.

Name of operation Laparotomy Date of Aug 27, 1934
What test confirmed diagnosis? Lab. 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) Paul E. Coil, M. D.
(Address) Mexico, 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.

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