

JUL 24 1935

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

Do not use this space.

29863

1. PLACE OF DEATH

County Gasper Registration District No. 411 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Precinct Registration District No. 2002 Registered No. \_\_\_\_\_  
City Gasper No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. E. + Maiden Lane Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1879

7. AGE YEARS 56 MONTHS \_\_\_\_\_ DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Foster Mo

13. NAME Wm Lindsey

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

15. MAIDEN NAME Jane Murphy

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

17. INFORMANT (ADDRESS) Anthony Jenkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest DATE 9/14-35

19. UNDERTAKER (ADDRESS) Worshipful Lodge

20. FILED 9/21 1935 Ed Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1934 to 7-21 1935.

I last saw her alive on 7-21 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Carcinoma of Liver Date of onset 46

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Ed Jones M. D.

(Address) \_\_\_\_\_

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.

male

