

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

Do not use this space.

FORM 19 1936

1. PLACE OF DEATH

County Grundy
Township _____
City Trenton (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. 995
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maudie Bolock

(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 4 1/2 yrs. 5 mos. 20 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 the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935 to Jan 13, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1889

I last saw her alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 2 30 p.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 46 5 20

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

Cancer of the uterus with metastases Date of onset 12-1-34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) spends in this occupation _____

Other contributory causes of importance: None

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

13. NAME James Ot. Hall

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Elysa Johnson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs. Nomadie Graveland Trenton, Missouri

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACED Span Cemetery DATE Jan 16, 1936
Trenton, Mo.

19. UNDERTAKER (ADDRESS) Bernie C. Davis # 2216 Trenton, Missouri

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Mrs. A. Susan, M. D.

20. FILED 1-14, 1936 Irene D. Fair Registrar.

(Address) Trenton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS showing cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

