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.

MAY 21 1936

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

Do not use this space.

15022

1. PLACE OF DEATH

County: Iron — Registration District No.: 391

Township: [illegible] — Primary Registration District No.: 4230

City: Ironton (No. ..., ..., St. ..., Ward)

File No.:

Registered No.: 31

2. FULL NAME Rosie Depew

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Fem.	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Depew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 19, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
46	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: house wife

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): Iron Co. Missouri

FATHER

13. NAME: Newton Taberry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Treca Snitzmiller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Lillian Dike, Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Arcadia (Cove Cemetary) DATE: 4/20, 1936

19. UNDERTAKER (ADDRESS): White & Son Ironton Mo.

20. FILED: Apr 28, 1936 R. A. Ranche, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1936 to April 19, 1936

I last saw her alive on April 16, 1936. Death is said to have occurred on the date stated above, at 6.20 P.M.

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

	Date of onset
Carcinoma of Uterus	1934

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? no

If so, specify

(Signed) G. G. Gibson, M. D.

(Address) Ironton Mo