

DAY 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  
Township [blacked out]  
City Ironton (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 4230

File No. \_\_\_\_\_  
Registered No. 31  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosie Dewey

(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 <u>Wem.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward Dewey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1889</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>6</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

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

13. NAME Newton Leberry

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

15. MAIDEN NAME Treca Spitzmiller

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

17. INFORMANT Lillian Dike  
(ADDRESS) Ironton Mo.

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

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

20. FILED Apr 28 1936 R. C. Rarick  
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 PM m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Date of onset  
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. C. Unson, M. D.  
(Address) Ironton 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.

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-column article or report, possibly containing a list of items or a detailed description of a study. The text is organized into several columns and contains various headings and sub-headings, but the specific content cannot be accurately transcribed.]

[Illegible text in the first column]

[Illegible text in the second column]

[Illegible text in the third column]

[Illegible text in the fourth column]

[Illegible text in the fifth column]

[Illegible text in the sixth column]

[Illegible text in the seventh column]

[Illegible text in the eighth column]

[Illegible text in the ninth column]

[Illegible text in the tenth column]

[Illegible text in the eleventh column]

[Illegible text in the twelfth column]

[Illegible text in the thirteenth column]

[Illegible text in the fourteenth column]

[Illegible text in the fifteenth column]

[Illegible text in the sixteenth column]

[Illegible text in the seventeenth column]

[Illegible text in the eighteenth column]

[Illegible text in the nineteenth column]

[Illegible text in the twentieth column]

[Illegible text in the twenty-first column]

[Illegible text in the twenty-second column]

[Illegible text in the twenty-third column]

[Illegible text in the twenty-fourth column]

[Illegible text in the twenty-fifth column]

[Illegible text in the twenty-sixth column]

[Illegible text in the twenty-seventh column]

[Illegible text in the twenty-eighth column]

[Illegible text in the twenty-ninth column]

[Illegible text in the thirtieth column]

[Illegible text in the thirty-first column]

[Illegible text in the thirty-second column]

[Illegible text in the thirty-third column]

[Illegible text in the thirty-fourth column]

[Illegible text in the thirty-fifth column]

[Illegible text in the thirty-sixth column]

[Illegible text in the thirty-seventh column]

[Illegible text in the thirty-eighth column]

[Illegible text in the thirty-ninth column]

[Illegible text in the fortieth column]

[Illegible text in the forty-first column]

[Illegible text in the forty-second column]

[Illegible text in the forty-third column]

[Illegible text in the forty-fourth column]

[Illegible text in the forty-fifth column]

[Illegible text in the forty-sixth column]

[Illegible text in the forty-seventh column]

[Illegible text in the forty-eighth column]

[Illegible text in the forty-ninth column]

[Illegible text in the fiftieth column]