

MAY 19 1936

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

Do not use this space.

## 1. PLACE OF BIRTH

County Chariton  
Township Yellowcreek  
City                      (No.                     )

Registration District No. 174  
Primary Registration District No. 5911

File No. 18855  
Registered No.                       
St.                      Ward                     

## 2. FULL NAME

Mary Jane Clementine Semple  
(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 F 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) Alex. P. Semple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-25-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 6 8

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.

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) Indiana

13. NAME J. M. Manlove

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

15. MAIDEN NAME Elizabeth Newsome

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

17. INFORMANT A. P. Semple Northville  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Northville DATE 5/6 1936

19. UNDERTAKER C. H. Hill Brookfield Mo.  
(ADDRESS)

20. FILED 5-5 1936 CA Station  
Registered

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1936 to May 3 1936  
I last saw her alive on May 3 1936 Death is said

to have occurred on the date stated above, at 6:45 P. m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall bladder

Date of onset Unknown

Other contributory causes of importance:

Cholelithiasis

Unknown

Name of operation Cholecystectomy Date of Jan 21-36

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

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) J. Lane Evans M. D.  
(Address) Brookfield 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.

Handwritten notes or markings on the right margin, including a large 'A' and some illegible scribbles.

A horizontal line of text or a separator line across the middle of the page.