

JUL 21 1936

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

Do not use this space. *F*

22641

1. PLACE OF DEATH

County *Harrison* Registration District No. *234*  
Township *Bethany* Primary Registration District No. *4197*  
City *Bethany* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Mary Reselle Claypool*  
(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 OF RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *W*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Austin Claypool*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-8-1871*  
7. AGE YEARS *64* MONTHS *9* DAYS *19* IF LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
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) *Saybrook Ill.*

FATHER 13. NAME *James W. Nicholson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

MOTHER 15. MAIDEN NAME *Do not know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Do not know*

17. INFORMANT *Ed Spinner*  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Miriam Cemetery 6-29 1936*

19. UNDERTAKER (ADDRESS) *W. H. ... Bethany Mo.*

20. FILED *6-30-1936* *W. H. ...* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-27 1936*

22. I HEREBY CERTIFY that I attended deceased from *Feb. 24 1936* to *June 7 1936*.  
I last saw her alive on *June 9 1936*. Death is said to have occurred on the date stated above, at *11:30 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Carcinoma of uterus  
Carcinoma of prostate  
Carcinoma of lymphatics*  
Date of onset

Other contributory causes of importance: *3*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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)

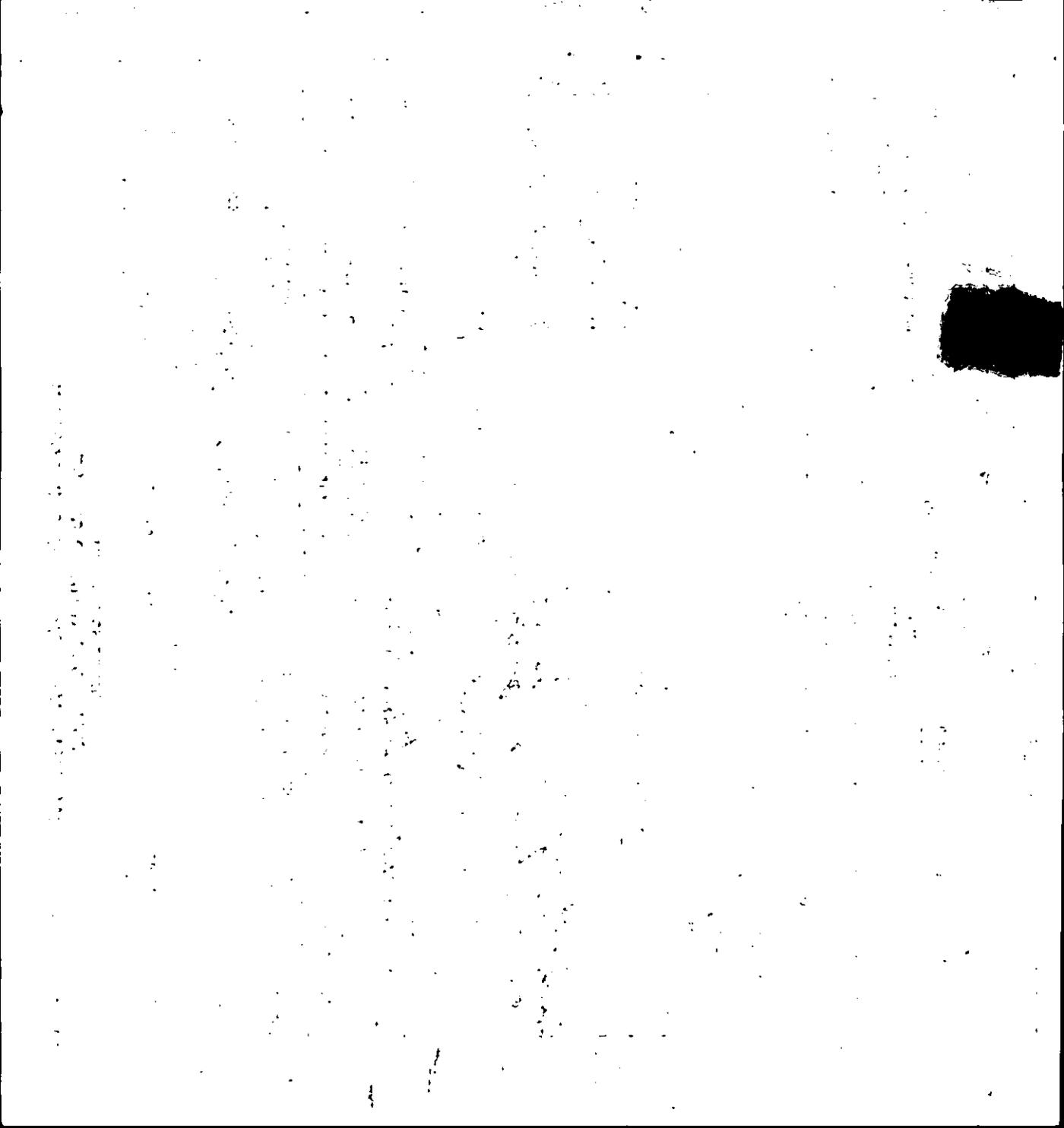
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_

(Signed) *M. G. Reed D.O., M.D.*  
(Address) *Bethany Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Harrison  
Township  
City Bethany (No. \_\_\_\_\_)

Registration District No. 334  
Primary Registration District No. 4197

File No. \_\_\_\_\_  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Rosella Claypool

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
64 9 19

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.  
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-30 1936 W. R. Wesbury Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-36

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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 uterus Date of onset \_\_\_\_\_  
" " intestine  
" " lymphatics  
Primary but Cervical lymphatics

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, etc.) 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) W. R. Wesbury \_\_\_\_\_ D. \_\_\_\_\_  
(Address) Bethany mo

SUBMITTED

S-22641