

AUG 19 1936

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

Do not use this space.

26140

## 1. PLACE OF DEATH

County DunklinRegistration District No. 289

Township .....

Primary Registration District No. 4173City Malden (No. ....)

File No. ....

Registered No. 38

St. .... Ward)

2. FULL NAME Elizabeth Jamir

(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 Female 4. COLOR OR RACE White 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word) widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Jamir6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 7-18567. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 4 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home9. 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) Evansville Ind.13. NAME Schaeffer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Dont Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know17. INFORMANT Ott Jamir (ADDRESS) .....18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 7-23-193619. UNDERTAKER W. L. Craig Malden Mo (ADDRESS) .....20. FILED 7-23-1936 S. B. Mitchell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 193622. I HEREBY CERTIFY that I attended deceased from Jan 2 1936 to July 22 1936I last saw her alive on July 21 1936 Death is saidto have occurred on the date stated above, at 7 A. M.

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

Cancer of Uterus - July 35  
and extending to bladder  
and pelvic glandsOther contributory causes of importance: 49Name of operation none Date of ✓What test confirmed diagnosis? Py. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury .....Where did injury occur? none

(Specify city or town, county, and State)

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

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Graydon California Mo(Signed) Graydon(Address) Malden 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.

