

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

Do not use this space.

SEP 23 1936

30651

1. PLACE OF DEATH

County Grundy
Township Liberty
City (No.) (St.) (Ward)

Registration District No. 327
Primary Registration District No. 5453

File No.
Registered No. 10

2. FULL NAME Mo Addie May Souther

(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) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 10 25

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) Mo.

13. NAME Willis Campbell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

15. MAIDEN NAME Lucinda Hoskins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT L. E. Souther (ADDRESS) Dunlap Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hallbrook DATE Aug 15 1936

19. UNDERTAKER W. C. Bayne & Son (ADDRESS) Hallbrook Mo.

20. FILED 8-14 1936 U. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1936

22. I HEREBY CERTIFY, That I attended deceased from 8-25-1936, to 8-13-1936

I last saw her alive on 8-2-1936. Death is said to have occurred on the date stated above, at 7:40 p.m.

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

Date of onset ?

Other contributory causes of importance:
Hemorrhage, Stomach, 8-13-36

Name of operation none Date of —
What test confirmed diagnosis? clinical 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) U. C. Weston, M. D.
(Address) Hallbrook Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Example: ...

