

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

Do not use this space.

OCT 22 1936

34912

1. PLACE OF DEATH

County Franklin

Registration District No. 496

Township Brookfield

Primary Registration District No. 3025

City Brookfield (No. 9)

File No. _____

Registered No. 77

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 112 N. Wood St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1887

7. AGE YEARS 49 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) July 1, 1935 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisburg, Mo

13. NAME J. M. Zernovalt

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

15. MAIDEN NAME Mary Fawcett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton, Ill

17. INFORMANT W. S. Terrill (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Hill _____

19. UNDERTAKER Herricks & Fullerton (ADDRESS) Brookfield, Mo

20. FILED Oct 8 1936 W. S. Terrill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1936, to 9-28 1936.

I last saw her alive on 9-27 1936 Death is said to have occurred on the date stated above, at 1:50 a.m.

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

Cancer of cervix uteri
4/8

Date of onset _____

Other contributory causes of importance:

metastases

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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) W. S. Terrill 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.

JAN - 2 1942

MAR 10 1942