

NOV 17 1936

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

Do not use this space.

36657

1. PLACE OF DEATH

County BentonRegistration District No. 61

Township

Primary Registration District No. 4036City Warsaw,

(No.,

File No.

Registered No. 44

St.

Ward)

2. FULL NAME

Ava Bernese Still

(a) Residence, No.

(Usual place of abode)

St.,

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFE. R. Still

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

March 20, 1892

7. AGE

YEARS

44

MONTHS

6

DAYS

27IF LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House wife9. 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.....

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Cross Timbers
Missouri

13. NAME

Dr. A. C. Curl14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)West Va.

15. MAIDEN NAME

Louie Feaster16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Benton County
Missouri

17. INFORMANT

O. C. Crudginton

(ADDRESS)

Warsaw, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cross Timbers
Missouri

DATE

10-29-1936

19. UNDERTAKER

E. M. White

(ADDRESS)

Warsaw, Mo.

20. FILED

Oct 28, 1936Jas A Logan -

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27- 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1935 to Oct 27- 1936I last saw h. er alive on Oct 27- 1936 Death is saidto have occurred on the date stated above, at 9 P. m.

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

Cancer of liverand leukemia!

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

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.....

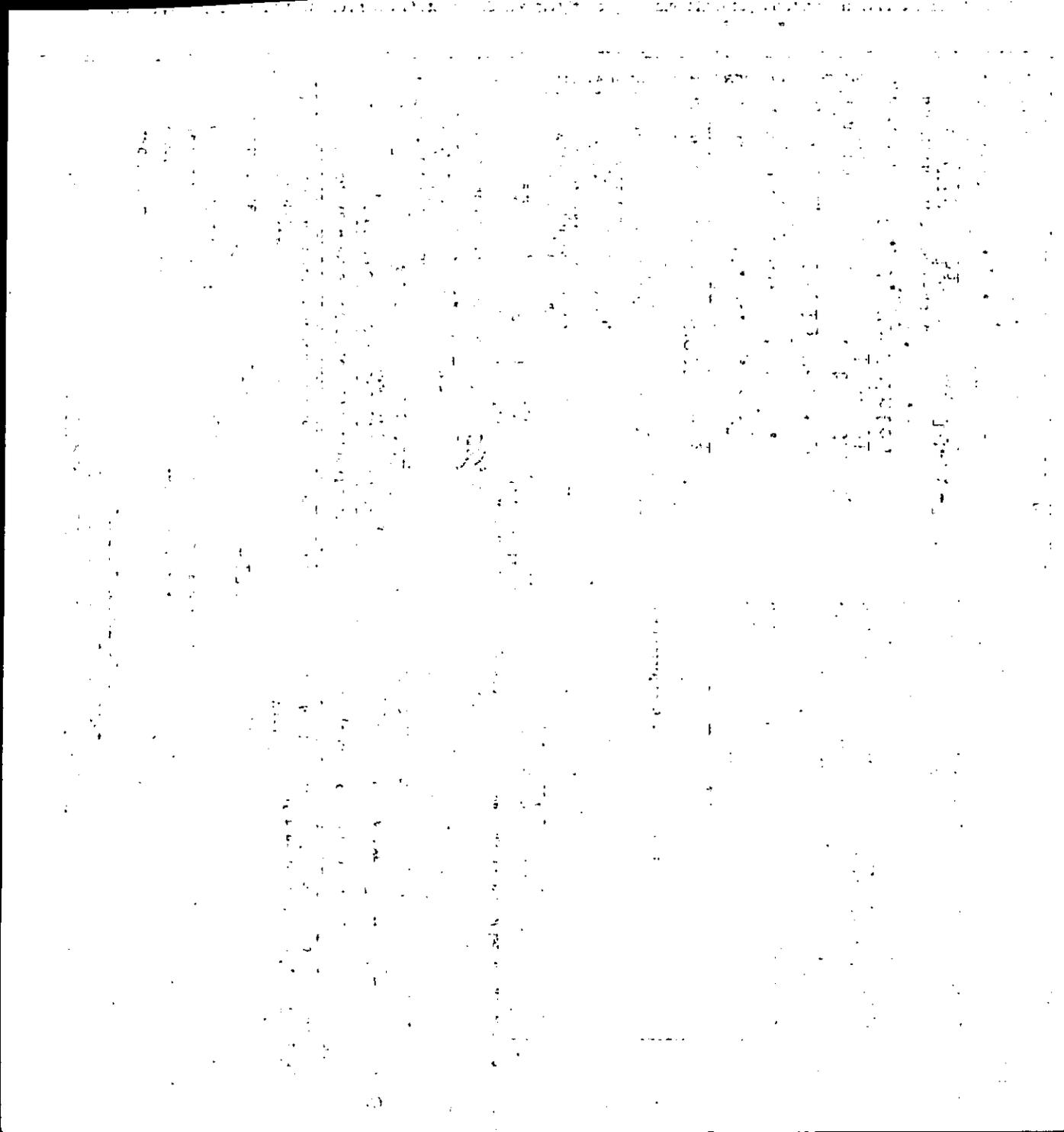
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Wesley H. Logan, M. D.(Address) Warsaw, Mo.

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



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Do not use this space.

1. PLACE OF DEATH

County Benton Registration District No. 61 File No. _____
 Township _____ Primary Registration District No. 4036 Registered No. 44
 City Warsaw (No. _____) St. _____ Ward _____

2. FULL NAME Anna Bernice Still
 (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 ♀ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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, _____ hrs. or _____ min:
44 6 27

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 the 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 11/10, 1936 John A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw the deceased 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:

Cancer of liver and intestines. Date of onset _____

Cancer originated in liver.

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), 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? _____

If so, specify _____

(Signed) Lee Hunt, M. D.

(Address) Warsaw mo

SUPPLEMENT

S-3665P

1954