

NOV 22 1936

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

Do not use this space.

37040

190

1. PLACE OF DEATH

County Cedar

Registration District No. 164

File No. 190

Township Benton

Primary Registration District No. 6299

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Ida Florence Marrow

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 86

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>40</u>	<u>2</u>	<u>13</u>	

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adridge Mo
Park Co Mo

13. NAME Charley Cater

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

15. MAIDEN NAME Martha Kushen

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

17. INFORMANT J. B. Marrow
(ADDRESS) Genoa Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boswell City DATE 10/27 1936

19. UNDERTAKER Spurlock
(ADDRESS) Genoa Mo

20. FILED Oct 27 1936 Mrs. May Hieber
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 10-5 to 10-5, 1936

I last saw him alive on _____, 19____ Death is said

to have occurred on the date stated above, at 4a m.

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

Carcinoma of uterus & Secondary anemia

Date of onset

Other contributory causes of importance:
Hypertensive congestive
at 10:00

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) Mrs. May Hieber Reg. M.D.

(Address) Genoa 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.

