DEC 4 1936

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

Do not use this space.

140065

1. PLACE OF DEATH
County Shannon — Registration District No. 824 — File No.
Township Eminence — Primary Registration District No. 6076 — Registered No.
City (No. , St. Ward)

2. FULL NAME Statury DeHuse
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J N DeHuse
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-1-1847
7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kid
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) Ill

FATHER
13. NAME Noah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) H B DeHuse Eminence Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mussel Chapel DATE 10-6-1936
19. UNDERTAKER (ADDRESS) None
20. FILED 10-6-1936 Frank Hyde MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-5-1936

22. I HEREBY CERTIFY, That I attended deceased from June-1-1936, to Oct-5-1936, I last saw her alive on Aug-1-1936. Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of 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) Frank Hyde, M. D.
(Address) Eminence 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.