

DEC 30 1936

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

Do not use this space.

43513

1. PLACE OF DEATH

County Sullivan Registration District No. 852
Township Polk Primary Registration District No. 6120
City Aspland St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1885
7. AGE YEARS 51 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Hartford, Conn.13. NAME no data14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data15. MAIDEN NAME Elizabeth Gooding16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford, Conn.17. INFORMANT Arthur G. Cherry (ADDRESS) Aspland, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Woodlawn Mts. DATE Nov 18, 193619. UNDERTAKER C. A. Scherer (ADDRESS) Aspland, Mo.20. FILED Dec 4, 1936 C. Leo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 18th, 1936, to Nov 16th, 1936.
I last saw her alive on Nov 16th, 1936. Death is said to have occurred on the date stated above, at 2:35 p. m.
The principal cause of death and related causes of importance were as follows:

Recurrent carcinoma in the pelvis. Operated upon in Apr 1932 in Kansas City, Mo. Carcinoma of uterus (primary). Other contributory causes of importance: Abstraction of intestine blocking by growth.

Name of operation Hysterectomy Date of Apr 1932
What test confirmed diagnosis? X-ray 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) L. Grace Simmons, M. D.
(Address) Milam, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

