

JAN 23 1937

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

Do not use this space.

45876

1. PLACE OF DEATH

County Ralls
Township Salt River
City Perry mo. (No. _____)

Registration District No. 727
Primary Registration District No. 5-28-9

File No. 27
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Perry mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1895
7. AGE YEARS 41 MONTHS 2 DAYS 4 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. None
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) Paris Missouri

13. NAME George Fawcett

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

15. MAIDEN NAME Nattie Basset

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

17. INFORMANT Ray Stewart
(ADDRESS) Perry mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris mo DATE Dec. 20, 1936

19. UNDERTAKER Clyde Wilkey
(ADDRESS) Perry mo.

20. FILED 12/20, 1936 Dr. K. R. Rouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1936 to Dec 19, 1936

I last saw her alive on Dec 11, 1936 Death is said to have occurred on the date stated above, at 4 A. m.

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

Carcinoma of Rectum, not spreading through abdominal cavity. Date of onset known

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Chiniceb 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) M. C. McMurphy M. D.

(Address) Paris Mo

