

MAR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 7226  
Township Marion Primary Registration District No. 3079 Registered No. 76  
City Hannibal (No. Levering Hospital) St. 6 Ward

## 2. FULL NAME

Eva Anna Arthur

(a) Residence, No. Cabwood Mt. 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 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 R. C. Arthur

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
46 7 8

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. Housekeeper

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) Ball Co. Mo.

13. NAME Chas. H. Lennock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball Co. Mo.

15. MAIDEN NAME Susan M. Ely

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ball Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Susan M. Lennock Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Catholic Church DATE 2-19-37

19. UNDERTAKER (ADDRESS) James O. Douglis Hannibal Mo.

20. FILED 2/27/37 H. C. Fisher Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1936, to 2-18, 1937

I last saw him alive on 2-18, 1937 Death is said

to have occurred on the date stated above, at 12:15 p.m.

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

Carcinoma of cervix

Date of onset 1936

Other contributory causes of importance:

Obstruction of uterus - Dec 1936  
Small metastases Nov 1936  
Primary uterine cancer Feb 1937

Name of operation Miscellaneous Date of 2-19-37

What test confirmed diagnosis? Biopsy 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

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) Hyland B. Sedgwick, M. D.

(Address) Hannibal

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.

