

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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gasper

Registration District No. 417

Township Wells

Primary Registration District No. 3021

City Wells City, Mo. (No. 2158, Penn.)

File No. 12291
Registered No. 39
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2158 Penn St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1872

7. AGE YEARS 64 MONTHS 11 DAYS 21 If LESS (than 1 day,hrs. ormin.

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) Hot Springs, Ark

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT Mrs. Henry Lehman (ADDRESS) Wells City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE 3/26 1937

19. UNDERTAKER Wells City Undertaking Co. (ADDRESS) Wells City, Mo.

20. FILED Mich 26 1937 L. P. DeWitt M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1936, to 3/24 1937. I last saw him alive on 3/24 1937. Death is said to have occurred on the date stated above, at 70 m. The principal cause of death and related causes of importance were as follows:

Carcinoma of the
Stomach & Bladder
Primary Carcinoma of the
bladder
Other contributory causes of importance: hypertension

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) R. L. Dumbauld, M. D.
(Address) Wells City, Mo.

