

MAY 19 1937

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

Do not use this space.

16264

1. PLACE OF DEATH

County *Wright*  
Township *Salmon*  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *290*  
Primary Registration District No. *2408*

File No. \_\_\_\_\_  
Registered No. *95*

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. ~~SINGLE~~ MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 28 1937*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. P. Thom*

22. I HEREBY CERTIFY That I attended deceased from *Jan. 10 1935* to *Jan 11 1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 14, 1876*

I last saw her alive on *Jan 11 1935*. Death is said to have occurred on the date stated above, at *12:10 P.M.*

7. AGE YEARS *61* MONTHS *3* DAYS *14* If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Work*

*Carcinoma uterus 1934*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *X*

Other contributory causes of importance *X*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

*Carcinoma bladder 1936*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Main County Mo*

Name of operation *none* Date of \_\_\_\_\_

13. NAME *Clara Bell*

What test confirmed diagnosis? *clinical* Was there an autopsy? *N.O.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME *Ruth Whitt*

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Main County Mo*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *W. P. Thom R-1*

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wright Co. Mo* DATE *April 29 1937*

Nature of injury \_\_\_\_\_

19. UNDERTAKER (ADDRESS) *M. Daniel General Service Co*

24. Was disease or injury in any way related to occupation of deceased? *N.O.*

20. FILED *May 6 1937* *R. D. Daniel* Registrar

If so, specify \_\_\_\_\_

(Signed) *J. A. Sullivan*, M. D.

(Address) *Paragould, Ark*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

