MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No. 16431
Township ~~Bethany~~ — Primary Registration District No. 4197 — Registered No. 38
City Bethany (No. , Bethany Hospital St. Ward)

2. FULL NAME Dora Viola Magee

(a) Residence, No. St., Ward. 1
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Alva Magee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1893

7. AGE 35 — YEARS 43 — MONTHS 10 — DAYS 21 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hurf
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) Harrison Co Mo

FATHER
13. NAME Wessley Coleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Susan J Dunkle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Alva Magee Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE Apr 17 1937

19. UNDERTAKER (ADDRESS) W G Noble New Hampton

20. FILED 4-30- 1937 A. R. Wessling Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1937

22. I HEREBY CERTIFY, That I attended deceased from February 20 1937, to April 16 1937
I last saw her alive on April 16 1937. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma liver | 1935 |
| 46 | |

Other contributory causes of importance: Subphrenic abscess -3- 4-37

Name of operation Abscess drained Date of 4-14-37
What test confirmed diagnosis? none 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) W. F. Breyler, M. D.
(Address) Bethany Mo

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