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

MAY 27 1937

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

Whitaker

Do not use this space.

1. PLACE OF DEATH

County Knox — Registration District No. 439 — File No. 16747

Township Greensburg — Primary Registration District No. 5596 — Registered No.

City Baring (No. ..... St. ..... Ward)

2. FULL NAME Lola Elvis Mattocks

(a) Residence, No. ..... 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1901

7. AGE — YEARS 35 — MONTHS 10 — DAYS 30 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator

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) Kensett Calif

FATHER

13. NAME Mark H. Mattocks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co Ill

MOTHER

15. MAIDEN NAME Julia Phillips

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

17. INFORMANT (ADDRESS) Mark H. Mattocks Baring Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greensburg DATE Apr 20 1937

19. UNDERTAKER (ADDRESS) Gerald B Fashest Memphis Mo

20. FILED May 8 1937 Dr E M Whitaker Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:15 a m.

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

	Date of onset
General Peritonitis due to ruptured appendix or cystic ovary or tube.	Apr 10 1937

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Other contributory causes of importance:

History of cystic tumors on ovaries & uterine tubes.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) E. M. Whitaker, M. D.

(Address) Baring Mo