JUN 16 1937

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

Do not use this space.

File No. 19263
Registered No. 86

1. PLACE OF DEATH

1 County Adair — Registration District No. 4
2 Township — Primary Registration District No. 3001
7 City Kirksville, Mo. (No. ..., 2 St. ..., 1 Ward)

2. FULL NAME Mary Ann Rankin

(a) Residence, No. 607 N. High 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Education
10. Date deceased last worked at this occupation (month and year) 1896
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) Stanton (STATE OR COUNTRY) Virginia

FATHER
13. NAME Isaac Rankin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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

17. INFORMANT Geo H Rankin (ADDRESS) Iola, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE May 14, 1937

19. UNDERTAKER Davis Funeral Home (ADDRESS) Kirksville, Mo.

20. FILED May 14, 1937 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to May 12, 1937
I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above at 12:30 pm.
The principal cause of death and related causes of importance were as follows:

Cancer of stomach
metastasis to liver

Date of onset

Other contributory causes of importance:

NO

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 O Stickler, M. D.
(Address) Kirksville Mo

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.