

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

Do not use this space.

19735

File No. 15
Registered No. St. Ward

1. PLACE OF DEATH

County Cass
Township Wt Pleasant
City (No.)

Registration District No. 148
Primary Registration District No. 5212

2. FULL NAME

Lydia M. Allsworth

(a) Residence, No. St. Ward

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Wm E. Allsworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 10 24

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) Wt Pleasant (STATE OR COUNTRY) Iowa

13. NAME Jacob Crosby

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

15. MAIDEN NAME unk

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

17. INFORMANT Mrs Jess Crosby (ADDRESS) Belton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore Mo DATE June 3 1937

19. UNDERTAKER E. K. George & Sons (ADDRESS) Belton Mo

20. FILED 6-2 1937 R M Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 19, 1935, to May 31, 1937. I last saw her alive on May 31, 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Carcinoma of uterus

Date of onset

Other contributory causes of importance:

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) Gertrude McKee, M. D. (Address) Belton, Mo.

