

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

Do not use this space.

JUN 17 1937

19741

1. PLACE OF DEATH
 19 County Cass Registration District No. 15-6
 Township Cass Primary Registration District No. 4090
 City Harrisonville (No. 1) St. Mo. Ward 1

2. FULL NAME Mary Elizabeth Yoder
 (a) Residence, No. 1 St. 1 Ward. 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28 1937

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

22. I HEREBY CERTIFY, that I attended deceased from April 15, 1937, to May 28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11-1875

I last saw h. ev alive on May 28 1937. Death is said to have occurred on the date stated above, 2:25 AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 18 17

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. Housewife

Carcinoma of Uterus and Ovary
 Date of onset 48

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

Other contributory causes of importance:
Pericardial Pericystic

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) Garden City Missouri

13. NAME Christian Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace France

15. MAIDEN NAME Thebe Mafinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopedale Ill

17. INFORMANT (ADDRESS) Isaac S. Hartzler

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearfork Cem DATE May 31 37

19. UNDERTAKER (ADDRESS) Alman Bros. Charter Co Harrisonville Mo

20. FILED 5/24/37 1937 E. M. Giltner Registrar

Name of operation

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edmund G. Gifford M. D.

(Address) Harrisonville 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cass Registration District No. 156 File No. 19741
Township _____ Primary Registration District No. 4090 Registered No. _____
City Harrisonville St. _____ Ward _____

2. FULL NAME Mary Elizabeth Zoder

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

Carcinoma of uterus and bladder Date of onset _____
Primary site of malignancy
Primary site of uterus

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

Uremia poisoning
Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER FATHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6/30 1937 Edgar W. Zupfel Registrar

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) Edgar W. Zupfel, M. D.
(Address) Harrisonville Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-19741