

Do not use this space.

JUL 27 1937

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

23403

17
4
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1. PLACE OF DEATH

County Cass Registration District No. 154
Township Green Primary Registration District No. 4088
City Garden City (No. _____) St. _____ Ward _____

2. FULL NAME

Phoebe Jane De Vall
(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 Milson J. De Vall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Winston, N. Carolina

MOTHER 13. NAME Berry M. Lidea

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Abeyle Lashmet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City, Mo. DATE July 7, 1937

19. UNDERTAKER (ADDRESS) Wm. R. Johnson

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan-1-1936 to July-5-1937
last saw her alive on July 4, 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Gyno condition Date of onset _____

Other contributory causes of importance Menstrual disturbance

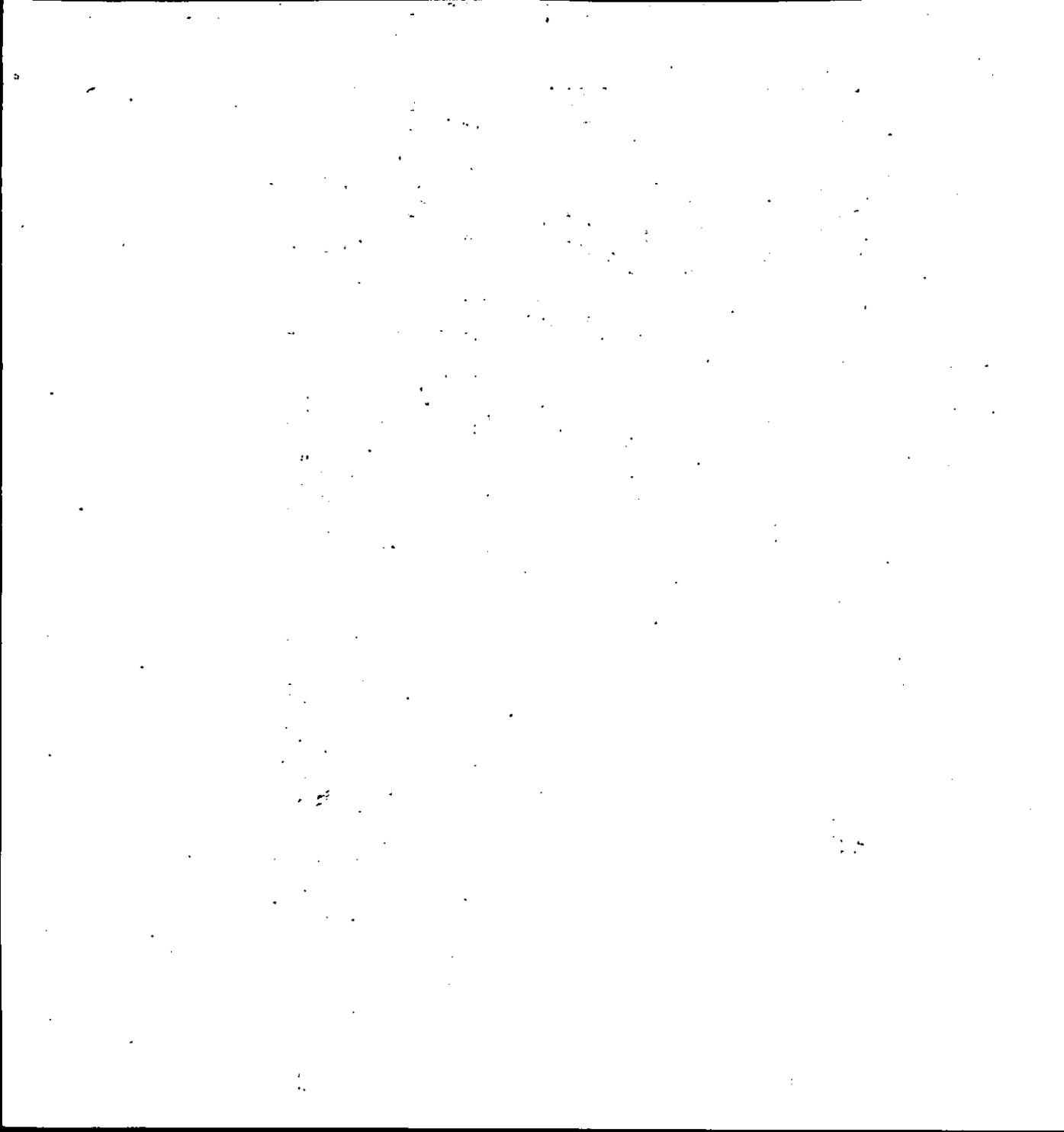
Name of operation _____ Date of _____
What test confirmed diagnosis? Thyroid Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None, 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? X
If so, specify _____
(Signed) Frank B. Kelly, M. D.
(Address) Garden City, Mo.

N. B.—Every item of information should be carefully supplied. A copy should be returned to the Bureau of Vital Statistics, Missouri State Board of Health, St. Louis, Mo. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



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

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1. PLACE OF DEATH

County Cass Registration District No. 154
 Township _____ Primary Registration District No. 4088
 City Garden City (No. _____) St. _____ Ward _____

File No. 23403
 Registered No. _____

2. FULL NAME

Phoebe Jane DeWall
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>2</u>	<u>10</u>	

OCCUPATION

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 _____

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Truman DeWall
Garden City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED July 10 1937 Geo. W. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

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

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

Just saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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) Frank B. Ellis, M. D.

(Address) Garden City Mo

SUPPLEMENTAL

CAUSE OF DEATH in plain terms, so that it may be properly classified.

S-23403, ;