

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bachson
Township Staw
City A. C. Mo

Registration District No. 309
Primary Registration District No. 2452, Norton 1002

File No. 29739
Registered No. 3373
St. _____ Ward _____

2. FULL NAME

Violet Ann Marcum

(a) Residence, No. 2452 Norton 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-16-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>56</u>	<u>5</u>	<u>15</u>		

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

13. NAME Seth Parsons

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

15. MAIDEN NAME Hinnie Cook

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

17. INFORMANT Seth Marcum

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 13, 1937

19. UNDERTAKER A. P. Doshier

(ADDRESS) 1415 East 15

20. FILED Aug 13, 1937 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-11-1937

22. HEREBY CERTIFY, That I attended deceased from 8/7/35, 19... to 8/11/37, 19... I last saw h. et alive on _____, 19... Death is said to have occurred on the date stated above, at 12:10 p. m.

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

Carcinoma of uterine & Metastasis
Other contributory causes of importance: 48

Name of operation Biopsy Date of 1936
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) E. Ernest Johnson M. D. (Address) 730 Professional

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

of W. 2400

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