

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County CrawfordRegistration District No. 85File No. 37172Township St. JosephPrimary Registration District No. 1000Registered No. 1148City St. Joseph(No. Missouri Methodist Hospital) Ward

2. FULL NAME

(a) Residence, No. McFall Mo St. 8 Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Watson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-18877. AGE YEARS 50 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Harrison Co. Mo.13. NAME Garrett Rice14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know15. MAIDEN NAME Harriet Graves16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.17. INFORMANT (ADDRESS) Oscar Watson
McFall Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Mo. DATE 10-19 193719. UNDERTAKER (ADDRESS) S. McHarris
Bethany, Mo.20. FILED Oct 18 1937 J. H. Neelbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17 193722. I HEREBY CERTIFY, That I attended deceased from 10-4 1937 to 10-16 1937I last saw her alive on 10-16 1937. Death is said to have occurred on the date stated above, at 2:10 A. M.

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

Cancer of Bowel (Colon) Date of onset 1935Other contributory causes of importance: StarvationName of operation Enterostomy Date of 10-5-37
What test confirmed diagnosis? Operation Was there an autopsy? No23. 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 injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) Paul J. Jorgensen, M. D.
(Address) St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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