

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard Registration District No. 376
Township Amherst Primary Registration District No. 4270
City Amherst (No.) St. Ward)

37779

File No.
Registered No.

2. FULL NAME Stella Derry

(a) Residence, No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1879

7. AGE YEARS 58 MONTHS DAYS 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) Missouri

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT M. Derry (ADDRESS) Amherst, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amherst, Mo. DATE Oct 14 1937

19. UNDERTAKER (ADDRESS) Amherst, Mo.

20. FILED Oct 14 1937 W. M. Derry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Oct 11, 1937

I last saw him alive on Oct 11, 1937. Death is said

to have occurred on the date stated above, at 6 p. m.

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

Carcinoma of the Transverse Colon

Date of onset

Other contributory causes of importance: None

Name of operation Date of

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? Yes

If so, specify

(Signed) Dr. E. D. Foss

(Address) Amherst, Mo.

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

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