

NOV 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Clair  
Township Speedwell  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 769  
Primary Registration District No. 6015

File No. 38659Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rebe Sweeney Heath  
(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 yrs. mos. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 8 28

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

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) Mo13. NAME John J. Cole14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Malinda Woolery16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Mrs. John Aldrich18. BURIAL, CREMATION, OR REMOVAL PLACE Tabernacle, Mo. Oct 24, 193719. UNDERTAKER (ADDRESS) Wm. J. Sanders20. FILED Oct. 23, 1937 Mrs. J. W. Richardson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22, 193722. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1937, to Oct. 22, 1937I last saw her alive on Oct. 22, 1937. Death is saidto have occurred on the date stated above, at 10:00 a.m.

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

Carcinoma of Stomach

Date of onset

Other contributory causes of importance: Heart StrainsName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clin. Diag. 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 \_\_\_\_\_, 19\_\_\_\_Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify No(Signed) J. W. Richardson, M. D.(Address) W. J. Sanders

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.

