

DEC 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40549

1. PLACE OF DEATH

County Andrain
 Township Salt River
 City Mexico (No. 26)

Registration District No. 26
 Primary Registration District No. 3002

File No. 40549
 Registered No. 123 Ward

2. FULL NAME

(a) Residence, No. 943 W. Emmons St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6A. 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE

19. UNDERTAKER (ADDRESS)

20. FILED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to Nov. 10, 1937

I last saw her alive on Nov. 10, 1937 Death is said

to have occurred on the date stated above, at 7 a. p. m.

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

Sarcoma of left Femur. Feb-1937
 followed by a general sarcoma of abdominal and chest cavities

Other contributory causes of importance:

Name of operation Amputation left. Date of May 1937

What test confirmed diagnosis? X-ray 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? NO

If so, specify

(Signed) W. K. McCall, M. D.

(Address) Laddonia Mo.

Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

