

DEC 2 11937

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

Do not use this space.

41843

1. PLACE OF DEATH

County Marion
Township Mapon
City Sansibar

Registration District No. 547
Primary Registration District No. 3099
(No. 229 Spence St)

File No.
Registered No. 323
St. 6 Ward

2. FULL NAME

Maitha Ann Pees

(a) Residence, No. 2219 Spence St. 6 Ward.

Length of residence in city or town where death occurred, 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Pees

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1867

7. AGE YEARS 70 MONTHS 9 DAYS 19 If LESS than 1 day,hrs. ormin.

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) Rolls Co. Mo.

13. NAME John C. Fanning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls Co. Mo.

15. MAIDEN NAME May E. McGee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls Co. Mo.

17. INFORMANT (ADDRESS) Peter M. Pees

18. BURIAL OR CREMATION, OR REMOVAL PLACE Spence St. 27 - 1937

19. UNDERTAKER (ADDRESS) Wm. Schumacher

20. FILED Nov 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1937, to 10-25, 1937.

I last saw her alive on 10-25, 1937. Death is said to have occurred on the date stated above, at 2:35 A.M.

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

Carcinoma of gall bladder Date of onset 1937

Other contributory causes of importance: None

Cholelithiasis
metastases to liver Aug 1937

Name of operation Exploratory Date of 9-6-37

What test confirmed diagnosis? Agar Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) Howard S. Sedwick, M. D. (Address) Sansibar, Mo

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.

