

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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Coone
Township Centralia
City Centralia (No. 1)

Registration District No. 72
Primary Registration District No. 4041

File No. 44672

Registered No. 87 St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J R Combs

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1—, 1937, to Dec. 17—, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26th 1857

I last saw her alive on Dec 17—, 1937. Death is said

7. AGE YEARS 80 MONTHS 1 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 3 a...m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 285
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation ✓

Date of onset

Carcinoma of Uterus
Other contributory causes of importance: HS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

13. NAME Peter H. Loren

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

What test confirmed diagnosis? _____ Was there an autopsy? MA

15. MAIDEN NAME Elizabeth Terry

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT J R Combs (ADDRESS) Centralia Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL Centralia Mo DATE 12/19

19. UNDERTAKER (ADDRESS) Centralia Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

20. FILED 17/18 REGISTRAR J. H. Johnson

(Signed) Thos M Austene, M. D.
(Address) Centralia, Mo

