

JAN 17 1938

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

Do not use this space.

See also
File No. 45172
Registered No. 120

1. PLACE OF DEATH

County *Cooper*
Township
City *Boonville* (No. _____) St. _____ Ward _____

Registration District No. *218*
Primary Registration District No. *3015*

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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo Hair</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 26-1857</i>		
7. AGE	YEARS <i>80</i>	MONTHS <i>3</i>
	DAYS <i>23</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife 25</i>	
	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) <i>Boonville Mo</i>		
MOTHER FATHER	13. NAME <i>Veit Epstein</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Francis Fuks</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Miss Alice Hair</i> (ADDRESS) <i>Boonville Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Walnut Grove</i> DATE <i>Dec 27 37</i>		
19. UNDERTAKER <i>Gooding & Buller</i> (ADDRESS) <i>Boonville Mo.</i>		
20. FILED <i>Dec 23 1937</i> <i>D. Cooper</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 18* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 10* 19*36*, to *Dec 18* 19*37*

I last saw h. *er* alive on *Dec 18* 19*37*. Death is said

to have occurred on the date stated above, at *6:10 p.m.*

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

Carcinoma recti

Other contributory causes of importance:

Carcinoma had grown into uterus and broad ligaments and was inoperable

Name of operation *None* Date of _____

What test confirmed diagnosis? *Cluence* 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) *Alexis Ravenway* M. D.

(Address) *Boonville 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.

