

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

Do not use this space.

2  
1

1. PLACE OF DEATH  
 County Chariton Registration District No. 171  
 Township Keytown Primary Registration District No. 4100  
 City Keytown (No. ....) St. .... Ward ....  
 File No. 2387  
 Registered No. 3

2. FULL NAME Wm. F. Corrington 652  
 (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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. F. Corrington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
61 7 5

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936, 19... to Jan 24, 1938

I last saw her alive on Jan 24, 1938 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Date of onset Aug. 1937

Other contributory causes of importance:  
Primary Carcinoma uteri Nov. 1936

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo.

MOTHER FATHER

13. NAME Wm. F. Corrington 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9  
 15. MAIDEN NAME J. A. Empson 1  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Wm. F. Corrington  
Keytown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytown DATE Jan 25 1938

19. UNDERTAKER (ADDRESS) Wm. F. Corrington  
Keytown Mo.

20. FILED 724, 1938 Mrs. Roy Sandree  
 Registrar.

Name of operation none Date of operation

What test confirmed diagnosis? alcohol Was there an autopsy? Yes

23. If death was due to external causes (violence), list 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 home, or in public place.

Manner of injury  
 Nature of injury BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

24. Was disease or injury related to occupation of deceased? Yes  
 If so, specify  
 (Signed) O. W. Anderson M. D.  
 (Address) Keytown Mo.

FEB 23 1938

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

