

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

Do not use this space.

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township Jefferson Primary Registration District No. 2014  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2509

File No. \_\_\_\_\_  
 Registered No. 31

**2. FULL NAME**

(a) Residence, No. 212 E. State 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**

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. D. Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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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. Housewife

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) Columbia, Mo.

13. NAME John H. Deason

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

15. MAIDEN NAME Anna Blair

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

17. INFORMANT Carney Stone

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reveries Cemetery Jan 26, 1938

19. UNDERTAKER Buescher Funeral Home

(ADDRESS) 4296 Capital Ave

20. FILED 1/25/1938 Dr. Medford M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 24, 1938.  
 I last saw him alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Pulmonary tuberculosis Date of onset \_\_\_\_\_

Other contributory causes of importance: 48

Carcinoma of uterus

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Cervical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (accident, injury, etc.) 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 \_\_\_\_\_ of deceased? no

If so, specify \_\_\_\_\_

(Signed) Heard Taylor M. D.

(Address) Jefferson City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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