

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

Do not use this space.

REC'D MAR 14 1938

5657

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson City (No. 2426 Cleveland)

Registration District No. 399
Primary Registration District No. 1002

File No. 5657
Registered No. 723
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2426 Cleveland Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Maddox</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 - 1870</u>			
7. AGE	YEARS <u>67</u>	MONTHS <u>3</u>	DAYS <u>6</u>
	IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
	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) <u>Brownsville Mo</u>			
MOTHER	13. NAME <u>Edward Steve</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
	15. MAIDEN NAME <u>Laura 719 Oldham</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>Miss My Barnes 710</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Truitt</u> DATE <u>Feb 13 1938</u>			
19. UNDERTAKER (ADDRESS) <u>Frank E. Spletter 710</u>			
20. FILED <u>Feb 12 1938</u> Registrar <u>W. D. Brown</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1937, to 2-11 1938

I last saw him alive on 2-11 1938 Death is said

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

Carcinoma of Cervix uteri 40
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) W. D. Brown M. D.
(Address) 710

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.

