

MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery  
Township Louisa  
City McKittrick, Mo. (No. ....)

Registration District No. 590  
Primary Registration District No. 73948

File No. 7517  
Registered No. ....  
St. .... Ward

2. FULL NAME

Maggio Proctor, 623  
McKittrick, Mo. St. .... Ward

(a) Residence, No. .... (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Gus Proctor,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
67 8 II

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co,

13. NAME John Yanoy,

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

15. MAIDEN NAME Angelin Callaway,

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

17. INFORMANT Jilliam Clayton (ADDRESS) McKittrick, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE Feb 27th 1938

19. UNDERTAKER Barton Baker (ADDRESS) Amorions, Mo.

20. FILED Mar. 3 1938 Blanche Scholten Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 13 1938 to Feb 25 1938  
I last saw her alive on Feb 25 1938 Death is said

to have occurred on the date stated above, at 7 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix (adenocarcinoma) Date of onset ? yrs  
48-

Other contributory causes of importance: benign orhage to sloughing with infection Feb 13-38

Name of operation ..... Date of .....  
What test confirmed diagnosis? biopsy 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) A. P. Clayton  
(Address) W. Bellville, 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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