REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Camden
Township: Russell
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 120
Primary Registration District No. 5172

File No. 10326
Registered No. 6

2. FULL NAME: Frances Elizabeth Rash 200

(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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Joseph B. Rash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19th 1863

7. AGE: Years 74 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): 3 - 1 - 37
11. Total time (years) spent in this occupation: Some Time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

FATHER
13. NAME: Freeman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Eva Young, Mack Creek Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mack Creek Cemetery DATE: 3 - 3 - 1938

19. UNDERTAKER (ADDRESS): L. B. Jones, Buffalo Mo

20. FILED: 3 - 2 - 1938 D. W. G. Myers, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to May 2nd, 1938
I last saw her alive on Feb 27th, 1938. Death is said to have occurred on the date stated above, at 12:47 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset 6-1-35

Other contributory causes of importance: 46

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) Mack Creek Mo

115

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.

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

1 X9314