

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

Do not use this space.

REC'D MAY 13 1938

13879

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No.

Township

Primary Registration District No. 3001

Registered No. 59

City Parisville Mo (No. Green-Smith Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Novelty Mo

St. _____

Ward _____

Novelty Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. F. Vittetoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1888

7. AGE

YEARS 49

MONTHS 5

DAYS 21

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

House Wife

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) Near Glenwood Mo

FATHER

13. NAME James Obriant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Glenwood Mo

MOTHER

15. MAIDEN NAME Melvina Jones

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

17. INFORMANT (ADDRESS) H. C. Obriant

18. BURIAL, CREMATION, OR REMOVAL

PLACE Queen City Cemetery DATE Apr 16, 1938

19. UNDERTAKER (ADDRESS) Wm N West

20. FILED April 14, 1938 Spencer L. Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to _____, 19____

I last saw her alive on 4-13, 1938. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Cancer of left ovary

Date of onset 1937

Other contributory causes of importance:

Surgical shock
Chronic myocarditis

4/13/38

Name of operation Ovariectomy Date of 4/13/38

What test confirmed diagnosis? _____ 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) J. P. Simpson, M. D.
(Address) Parisville, Mo.

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.

