CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH
County Gentry
Township
City Stanberry (No. , St. Ward)

Registration District No. 314
Primary Registration District No. 4190

File No. 14597
Registered No. 9

2. FULL NAME Mrs Mary Amanda Umphrx 51
(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 Ft.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE~~ OF Henry Umphrx
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4-1857
7. AGE YEARS 81 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Gentry Co Mo

FATHER
13. NAME George Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Betty Ann Hasting
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs John Malcom Stanberry Mo R.R.
18. BURIAL, CREMATION, OR REMOVAL High Ridge Cemetery 38
PLACE Stanberry Mo DATE 4/10 19
19. UNDERTAKER (ADDRESS) Laton H. Phillips Stanberry Mo
20. FILED 4/10 1938 C. L. Bernard Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938, to April 8, 1938
I last saw her alive on Apr 6, 1938 Death is said to have occurred on the date stated above, at 6 45 P m:
The principal cause of death and related causes of importance were as follows:

Date of onset

Scherocis of Liver

Other contributory causes of importance:

13431

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) C. N. Williamson M. D.C.
(Address) Gentry Mo

Dr. C. N. Wilhoinsky
Fentry
Mo