

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway Registration District No. 618
Township _____ Primary Registration District No. 4369
City Burlington Jet (No. _____) St. _____ Ward _____

File No. 15420
Registered No. 5

2. FULL NAME Mary Woodin Rouse 900

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Rouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1893

7. AGE YEARS 44 MONTHS 9 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Saratoga (STATE OR COUNTRY) Illinois

13. NAME Noice Woodin

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

15. MAIDEN NAME Catherine Hall

16. BIRTHPLACE (CITY OR TOWN) Saratoga Springs (STATE OR COUNTRY) New York

17. INFORMANT Ed Edmonds (ADDRESS) Burlington Jet Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ohio Cemetery DATE March 13, 1938

19. UNDERTAKER J. R. Hann (ADDRESS) Burlington Jet Mo

20. FILED Apr 20, 1938

J. R. Hann
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1938 to March 11, 1938

I last saw her alive on Feb 20, 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:

Coronary thrombosis Date of onset 1936
Metastatic carcinoma of liver & lungs

Other contributory causes of importance:

50

Name of operation _____ Date of _____
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) B. K. Byrd, M. D.
Surgeon General
51 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

