

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.

REC'D JUL 11 1938

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

Do not use this space.

22025

1. PLACE OF DEATH

County Ray Registration District No. 373  
Township Belite Primary Registration District No. 5548  
City Paris, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Wampler 514  
(a) Residence, No. Paris 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 . 37

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
199 9 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo

13. NAME Mary Wampler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frammington Mo

15. MAIDEN NAME Blay Shirley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wanda Mo

17. INFORMANT L. J. Sellers  
(ADDRESS) Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lower Indian Cem DATE 6/20, 1938

19. UNDERTAKER Jack Holloway  
(ADDRESS) Paris, Mo

20. FILED July 5 1938 Mrs. Eva Valner  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 16 June, 1938

I last saw him alive on June 16, 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:

Ulcers of stomach  
and bowels  
complicated with Peritonitis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 117K  
Ulcer of stomach & bowels complicated with Peritonitis

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) L. J. Sellers, M. D.

(Address) Paris, Mo 355

