

DEPT OCT 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass

Registration District No. 156

File No. 31929

Township

Primary Registration District No. 6090

Registered No. 58

City Harrisonville (No. 615)

St. _____ Ward _____

2. FULL NAME Aggie M Ervin

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L Ervin

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1938 to Sept 12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12-1877

I last saw her alive on Sept 6, 1938 Death is said

7. AGE YEARS 61 MONTHS 7 DAYS - If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 2:00 P. m.

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

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

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

Carcinoma of uterus Date of onset _____

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo.

13. NAME J. O. Jones

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME May F. Tuggle

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.

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

17. INFORMANT James L Ervin (ADDRESS) Harrisonville Mo

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Cemetery DATE 9/14, 1938

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

19. UNDERTAKER Kennethburg's (ADDRESS) Harrisonville Mo.

(Signed) J. W. South, M. D.

20. FILED 9-13, 1938 W. Edwards Registrar.

(Address) Harrisonville 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.

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