

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

Do not use this space.

REC'D OCT 20 1938

32184

1. PLACE OF DEATH

County *Lentz*  
Township  
City *Atanberry* (No. *635*)

Registration District No. *314*  
Primary Registration District No. *4190*

File No.  
Registered No. *20* St. *30* Ward

2. FULL NAME

(a) Residence, No. *Atanberry* St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *43* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Married William D. Harden*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12-30-1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*69 8 16*

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) *7-16-1938* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dekalb County, Georgia*

13. NAME *John J. Hall*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

15. MAIDEN NAME *Rassay*

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

17. INFORMANT *William D. Harden* (ADDRESS) *Atanberry Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Highridge* DATE *9-18* 1938

19. UNDERTAKER (ADDRESS) *J. E. Johnson Atanberry Mo.*

20. FILED *9-26* 1938 *C. S. Zeman* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-16-1938*

22. HEREBY CERTIFY, That I attended deceased from *July 1, 1938*, to *Sept 16, 1938*. I last saw him alive on *Sept 16, 1938*. Death is said to have occurred on the date stated above, at *2:30 A.M.*

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

*Carcinoma Cervix Uteri* (Date of onset) *7-16-38*  
*" " " " " "*  
*" " " " " "*

Other contributory causes of importance: *Multiple Tetro Carcinom of Uterus*

Name of operation *none* Date of *9-16-38*  
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) *R. E. Simpson*, M. D.  
(Address) *Atanberry Mo.*

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

