

0850 DEC 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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File No.

Registered No. 30

1. PLACE OF DEATH

County Schuyler Co. Registration District No. 802
 Township Downing Primary Registration District No. 4481
 City Downing (No. 1) St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 620 Minnie Ayers St. Mo. Ward 1
 (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF W.B. Ayers
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
60 1 12

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) Schuyler Co. Mo.
 (STATE OR COUNTRY)

13. NAME Wm Haggie

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

15. MAIDEN NAME Dora Kratz

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

17. INFORMANT W.B. Ayers
 (ADDRESS) Downing Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Downing DATE Nov. 16 1938

19. UNDERTAKER Loyd Moore
 (ADDRESS) Downing Mo.

20. FILED Nov 16 1938 H. B. Perweg
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 38, 1938, to Nov. 14, 1938

I last saw her alive on November 14, 1938. Death is said

to have occurred on the date stated above, at 5:50 p.m.

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

Carcinoma of liver Date of onset 40

Other contributory causes of importance:

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 ✓, 1938

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) H. B. Perweg M. D.

(Address) Downing, Mo.

7:21

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-770

Date Filed 12/10/38