

REC'D JAN 18 1939

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

Do not use this space.

42696

1. PLACE OF DEATH

County Co. Hamilton Registration District No. 171
Township Highway Primary Registration District No. 4100
City Keytesville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 37

2. FULL NAME Ada Veliga

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

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. (If nonresident, give city or town and State)

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 Sam Veliga

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22nd 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Mo.

13. NAME Peter O'Boyan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sue Vandiver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs. Edna Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Dec. 10 1938

19. UNDERTAKER Walter Barnett

20. FILED 12/10 1938 Mrs. Roy Sander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Dec 8, 1938. I last saw h. alive on Dec 8, 1938. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Cancer of Stomach Date of onset _____

Hb

Other contributory causes of importance: Arthritis Deformans
Arteriosclerosis

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? _____

If so, specify _____ (Signed) J. W. Lawrence, M. D.

(Address) Salesbury, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/10/39