

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

Do not use this space.

**REC'D FEB 23 1939**

File No. **3186**

**1. PLACE OF DEATH**

County Montgomery  
 Township Prairie  
 City Middletown, Missouri

Registration District No. 591  
 Primary Registration District No. 4349

Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME - Rosa Ella Uptegrove**

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

Length of residence in city or town where death occurred 5 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1939, to Jan 7th, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5th. 1862

I last saw h. or alive on Jan 7th, 1939. Death is said to have occurred on the date stated above, at 105 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 2 2

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. At Home  
 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

Date of onset

Carcinoma of descending Colon

Other contributory causes of importance:

46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

13. NAME Isaac Logan

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

What test confirmed diagnosis: Microscopy Was there an autopsy? no

15. MAIDEN NAME Betty Phillips

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Miss Mattie McKinsey (ADDRESS) Middletown, Missouri

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem. DATE 1/3/39

Nature of injury \_\_\_\_\_

19. UNDERTAKER Jones & Wells (ADDRESS) Middletown, Missouri

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

20. FILED 1/8, 1939 Frank Rigg Registrar.

(Signed) D. French, M. D.  
 (Address) Middletown, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

