

REC'D FEB 28 1939

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

Do not use this space.

## 1. PLACE OF DEATH

 County Wayne Registration District No. 891  
 Township Benbow Primary Registration District No. 4540  
 City Piedmont (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

 File No. 4247  
 Registered No. 1

## 2. FULL NAME

 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OR (OR) WIFE OF Gates
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 8 1

 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) Kentucky13. NAME Rolla Watson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Nancy Ison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Rolla Yates  
(ADDRESS) Piedmont, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Potter Cemetery DATE Jan. 7, 193919. UNDERTAKER Yates and Company  
(ADDRESS) Piedmont, Mo20. FILED 1-17-39 T. B. Piles M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 193922. I HEREBY CERTIFY That I attended deceased from Oct. 1st, 1938, to Jan. 3rd, 1939I last saw him alive on Jan. 3rd, 1939 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.The principal cause of death and related causes of importance were as follows:  
Cancer of Pancreas Date of onset \_\_\_\_\_Other contributory causes of importance: Hb

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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) T. B. Piles M. D.(Address) Piedmont, Mo.

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N. E.—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.

