

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.

JUL 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard

Township

City Fayette

(No.)

Registration District No. 328Primary Registration District No. 4222File No. 22247Registered No. 29

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs.

mos.

da.

How long in U. S., if of foreign birth? yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF #
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/22nd 1856

7. AGE

82

YEARS

MONTHS

9

DAYS

23

If LESS than 1

day, hrs.

or min.

OCCUPATION

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Missouri,

FATHER

13. NAME

Marion Mc Kinney,

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

Missouri,

MOTHER

15. MAIDEN NAME

Nancy Owings,

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

Missouri,

17. INFORMANT
(ADDRESS)Mrs Roy Tompkins,
Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetary, DATE 6/16th 193919. UNDERTAKER
(ADDRESS)Guy T. Halley,
Fayette, Mo.

20. FILED

July 5-1939 V. Q. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/15th 1939

22. I HEREBY CERTIFY, That I attended deceased from

Jan 10, 1939, to 6-15, 1939I last saw him alive on 6-15, 1939. Death is saidto have occurred on the date stated above, at 6 PM m.

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

Obstructive Inflammation Date of onset(Chronic) Cancer ofpyloric end of stomach

Other contributory causes of importance:

Chronic PancreatitisMalnutritionName of operation none Date ofWhat test confirmed diagnosis? Post Was there an autopsy? yes

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) Dr. Bloom, M. D.(Address) Fayette Mo

1226

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/7/39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22247

Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
(b) Township Fayette Primary Registration District No. 4222 Registered No. 29
(c) City Fayette (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Emma Mc Kinney St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-39

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19__

I last saw him alive on _____, 19__ Death is said to have occurred on the day stated above, at _____ m.

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

Obstructive Inflammatory (chronic) lesion of Pylorus
and of Stomach
Chronic Inflammatory?
Chronic Cholecystitis?
Other contributory causes of importance:
Chronic Pancreatitis
malnutrition
No malignancy

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? YES

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 M. A. Bloom, M. D.
(Signed) Fayette
(Address) _____

NOTE: 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

