

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

JUL 8 1939

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wentworth  
Township Saline  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 948  
Primary Registration District No. 6060

File No. 23390  
Registered No. \_\_\_\_\_

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

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

22. I HEREBY CERTIFY, that I attended deceased from May 10, 1939, to June 3, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26-1886

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1939 Death is said to have occurred on the date stated above, at 6:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 53 2 8

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. Housewife

Carcinoma of liver

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 \_\_\_\_\_

Hb

Other contributory causes of importance: Diabetes mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peotland Co. Mo.

13. NAME Arthur L. Swearingen

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peotland Co. Mo.

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Mary E. Norton

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1939

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

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 (ADDRESS) Charles E. Howe  
Peotland, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Hard Hill DATE June 4, 1939

24. Was disease or injury in any way related to occupation of deceased? N  
If so, specify \_\_\_\_\_

19. UNDERTAKER (ADDRESS) Worth & Barber  
Memphis, Mo.

(Signed) James S. Trotter, M. D.

20. FILED June 13, 1939 Mrs. J. A. Doyle  
Registrar.

(Address) Memphis

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.

