

1410 15 1940

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

42603
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Savannah Primary Registration District No. 4010 Registered No. 77
(c) City Savannah (d) Street No. Sanatorium - Dr. Nichols 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. 26 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Odessa mo St. Odessa Mo.
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 : 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. at home
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 50

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

FATHER 13. NAME Andrew Jackson Cox

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

MOTHER 15. MAIDEN NAME Mossie Glover

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

17. INFORMANT (ADDRESS) Mrs. Eugene Glover Odessa Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odessa DATE 12-16 1939

19. FUNERAL DIRECTOR (ADDRESS) E. B. Breit Savannah mo

20. FILED Dec. 14 1939 Mrs. Jennie Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1939, to 12-14 1939

I last saw her alive on 12-14-1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Carcinoma right breast Date of onset 10-20

Other contributory causes of importance: Arterio Sclerosis 5 yrs

Name of operation Growth removed Date of 11-17-39

What test confirmed diagnosis? Biopsy Was there an autopsy? no

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) Willard C. Stearns J. M. D.

(Address) Savannah 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Savannah Primary Registration District No. 4010 Registered No. 77
(c) City Savannah (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

Mrs. Dicie Ann Campbell
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-39

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1857

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 80 11 14

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

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 _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

FATHER 13. NAME _____

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

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

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

17. INFORMANT (ADDRESS) _____

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

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

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

19. FUNERAL DIRECTOR (ADDRESS) _____

Manner of injury _____

Nature of injury _____

20. FILED Feb-10, 1940 Mrs. Jennie Rash Local Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Willard A. Stearns M. D.

(Address) Savannah

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated EXACTLY as shown on the certificate supplied. AGE should be stated EXACTLY in years, months and days. Exact statement of OCCUPATION should be stated EXACTLY as shown on the certificate supplied. AGE should be stated EXACTLY in years, months and days. Exact statement of OCCUPATION should be stated EXACTLY as shown on the certificate supplied.

SUPPLEMENTARY

