

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

Do not use this space.

JAN 12 1940

43111

1. PLACE OF DEATH

County Clay Registration District No. 148
Township Freshburg Primary Registration District No. 3011
City Excelsior Spg (No. 44 Spg Sanitarium) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 416 Mrs Mary P Wilbur
(Usual place of abode) 37 West 57th St Kansas City, Mo (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 45 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn

13. NAME James B. Lazaar

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

15. MAIDEN NAME Frances Lazaar

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

17. INFORMANT (ADDRESS) W H Wilbur 39 21 57th St KC Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Omaha, Neb. DATE Dec 26 1939

19. UNDERTAKER (ADDRESS) Claude Prichard Excelsior Springs, Mo. 190

20. FILED Dec 31 1939 Mrs C. W. Cracker

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 - 1939, to Dec 21 - 1939

I last saw h. u alive on December 21, 1939. Death is said

to have occurred on the date stated above, at 9:52 m.

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

Dec 5 1939
Embolus following
surgery.

Other contributory causes of importance:

Name of operation Hysterectomy Date of Dec 11 39

What test confirmed diagnosis? positive 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) Renton Dawson M. D.

(Address) Excelsior Springs 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.

99 W

RECEIVED
District Health Officer No. 8,
District File Number
Date Filled 11/11/40

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH
 (a) County Clay Registration District No. 198
 (b) Township Epelcious Spg Primary Registration District No. 3011
 (c) City Epelcious Spg (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 Mary L. Wilbur
 (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

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

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. or _____ min.
	<u>78</u>	<u>4</u>	<u>6</u>	

OCCUPATION

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 _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

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____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. 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:
Entered following surgery
Neoplasm of uterus, suspected malignancy, obstructive to rectum.
 Other contributory causes of importance:
Multiple fibromyoma, benign
as to pathology.

Date of onset _____

Name of operation supravaginal hysterectom
 What test confirmed diagnosis? MICROSCOPES 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 Lerton Dawson, M. D.
 (Signed) _____ (Address) Epelcious Spg

SUPPLEMENTARY

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

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

Local Registrar.

