

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.

FILED FEB 20 1940

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Independent
City

2
0

Registration District No. 288
Primary Registration District No. H172

File No. 2281

Registered No.
St. Ward)

2. FULL NAME

Effie Courtney 332

(a) Residence, No. 207 Grand St. Ward.

(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 Arvey County

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 10 11

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) Deer Co Mo.

13. NAME Will Reesman

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

15. MAIDEN NAME Evelyn Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co Mo.

17. INFORMANT (ADDRESS) Arvey Courts

18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Co Mo DATE 2/4 1940

19. UNDERTAKER (ADDRESS) Victory Park

20. FILED 2-3 1940 Hubert Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR), 1940

22. I HEREBY CERTIFY, That I attended deceased from 1 p^m 19⁴⁰ 2 p^m 1940
I last saw h^e alive on 2 p^m 9/10 19..... Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Carcinoma of stomach with metastasis to the liver.

Date of onset

Other contributory causes of importance: 46

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 R. C. Wilson M. D.
(Signed) R. C. Wilson

(Address) 204 South Main St
Kennett Mo.

RECEIVED

District Health Officer No. 60

District File Number 240-60

Date Filed 2/13/40