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.

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

Do not use this space.

File No. 3233

Registered No. 1

1. PLACE OF DEATH
County Nodaway
Township Grant
City (No. St. Ward)
Registration District No. 617
Primary Registration District No. 5819

2. FULL NAME Nevada Ellen Kling Stotts
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 of~~ (OR) WIFE OF James Byron Stotts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1881
7. AGE: YEARS 58 MONTHS 11 DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION
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. own home
10. Date deceased last worked at this occupation (month and year) June 1938
11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) near Barnard
(STATE OR COUNTRY) Mo

FATHER
13. NAME William McNeill Kling
14. BIRTHPLACE (CITY OR TOWN) Penn.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Ettie Margaret Turner
16. BIRTHPLACE (CITY OR TOWN) Andrew Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT J B Stotts
(ADDRESS) Barnard, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maspie Cemetery DATE Jan. 14 1940
19. UNDERTAKER Campbell Funeral Home
(ADDRESS) 937 South Main St Maryville Mo.
20. FILED 1-12 1940 Chas. D. Humbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1940
22. I HEREBY CERTIFY, that I attended deceased from Jan 7 1938 to Jan 11, 1940
that I last saw her alive on January 11, 1940. Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterine fundus	

Other contributory causes of importance:

Name of operation hysterectomy Date of July 1938
What test confirmed diagnosis? none 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) Chas. D. Humbard M. D.
(Address) Barnard, Mo.

RECEIVED
District Health Officer No. 11
District [illegible]
240-115
FEB 13 1948