

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

Do not use this space.

FILED SEP 19 1940

1. PLACE OF DEATH

County Holt Registration District No. 369  
Township Union Primary Registration District No. 5515  
City Near Craig (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

28640

File No. \_\_\_\_\_

Registered No. 8

2. FULL NAME

(a) Residence, No. 1000 Effie True Ward. \_\_\_\_\_  
(Usual place of abode) Craig mo Rural (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home

10. Date deceased last worked at this occupation (month and year) July 29, 1940 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Fairfax mo

13. NAME Mr. Hiram True

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind, 1

15. MAIDEN NAME Mary Downs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT Everett True  
(ADDRESS) near Craig, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer DATE 8/3

19. UNDERTAKER (ADDRESS) Scholar Bros. 330  
Craig, Mo.

20. FILED Angel 1940 Vinta Anderson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1940, to Aug 1, 1940

I last saw him alive on July 31, 1940 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Carcinoma of stomach Dist. Pancreas

Other contributory causes of importance: MI of a Cor. Arter. Myocardium Dist. Pancreas

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Biological 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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) O. T. Mearns M. D.

(Address) Craig, Mo

WRITE PAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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RECEIVED

District Health Officer No. 11,

District File Number

Date Filed

940-1416  
SEP 12 1940