

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.

39047

REC DEC 11 1940

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Acacia Primary Registration District No. 4280
City Aurora (No. Ellis Hospital) St. _____ Ward _____
File No. _____
Registered No. 73

2. FULL NAME

(a) Residence, No. L + A Rubison
(Usual place of abode) Billings, Mo. (R.I.) Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 3 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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
33 11 26

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.
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) Halltown Mo

MOTHER FATHER
13. NAME Gas. H. Gray

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

15. MAIDEN NAME Matilda J. Rose

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

17. INFORMANT Mrs. M. J. Gray
(ADDRESS) Box 22 Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Reputan Mo DATE 11-27-1940

19. UNDERTAKER (ADDRESS) Wallace Mortuary
Billings, Mo

20. FILED 11-25-1940 R. D. Cowan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1940

22. I HEREBY CERTIFY, That I attended deceased from 11-2-, 1940, to 11-25, 1940

I last saw h. 22 alive on 11-25, 1940 Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Carcinoma of uterus with generalized metastases
Other contributory causes of importance: HD

Name of operation Exploratory laparotomy Date of 11-24-40

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) R. D. Cowan M. D.

(Address) Aurora, Mo

RECEIVED

District Health Office, No. 5,

District File Number 1240-2996

Date Filed DEC 17 1965