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7-5-17-39
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8992

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 15 1945

Registration District No. 38

Primary Registration District No. 8006

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
22 Pendleton St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
3 months

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 22 Pendleton 4
(If rural, give location)

(e) Citizen of foreign country: No. 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARDELLA GATHRIGHT

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kernis Gathright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12-24-1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>2</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Boone Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Hotel

12. Name Willie Harvey

13. Birthplace Boone Mo. 1
(City, town, or county) (State or foreign country)

14. Maiden name Alice Bass

15. Birthplace Boone Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Harvey

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 3-26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Log Providence

18. (a) Signature of funeral director Street & Parker

(b) Address Columbia Missouri

19. (a) 4-5-45 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 - 1945
year 00 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____
that I last saw _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of breast myocardial

Due to _____

Due to Cancer

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 60

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Stephen D. Smith (M. D. or other) _____
Address Columbia Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
2
4

1250

(Licensed Embalmer's Statement on Reverse Side)

