

AUG 23 1932

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

Do not use this space.

22239

1. PLACE OF DEATH

20 County Cedar  
Township Cedar  
City Cedar (No.     )

Registration District No. 163  
Primary Registration District No. 5232

File No.       
Registered No. 48  
St.      Ward     

2. FULL NAME

(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 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  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. C. Neely  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1862  
8. AGE YEARS 70 MONTHS # DAYS 3 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.       
11. 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) Mo

13. NAME Jack Dodd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir

15. MAIDEN NAME Hannah Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs Shade Smith (ADDRESS) Edwards Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hacklerman DATE 7/2 1932

19. UNDERTAKER Wm. Siders (ADDRESS) Edwards Springs, Mo

20. FILED 7/1 1932, J. Dawson Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1, 1932

22. HEREBY CERTIFY, That I attended deceased from June 10 1932 to July 1 1932

I last saw him or her alive on June 28 1932 Death is said to have occurred on the date stated above, at 3 a. m.

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

Sarcoma Ovary Date of onset     

Other contributory causes of importance:     

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     

(Signed) L. J. Dunning, M. D.

(Address) Edwards Springs, Mo

