

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.

12

DEC 15 1934

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

Do not use this space.

42727

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 5588  
City Clinton (No. R.D. Clinton Mo) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 66  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. R.D. Clinton 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John P. Hite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>8</u>	<u>26</u>	

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) Morgan Co. Missouri

13. NAME J. J. Combs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Missouri

15. MAIDEN NAME Mathilda E Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Ed. Graham Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 12-5-34

19. UNDERTAKER (ADDRESS) Wm. J. Bremer Home Clinton, Mo.

20. FILED 12-3-34 J. B. Nault Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1924, to Dec 1934  
I last saw him alive on 12-1 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Sarcoma of uterus  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chaper 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Ed. Graham, M. D.  
(Address) Clinton Mo.

