

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

Do not use this space.

JUL 2 2 1935

19541

1. PLACE OF DEATH

County Henry Registration District No. 14
 Township Windsor Primary Registration District No. 4211
 City Windsor (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 18

2. FULL NAME Mrs. Ivy L. Munday

(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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Munday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26, 1876
 7. AGE YEARS 62 MONTHS 3 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 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) Johnson County
 (STATE OR COUNTRY) Missouri

13. NAME W. A. Garrett

14. BIRTHPLACE (CITY OR TOWN) Johnson County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alice Walker

16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) North Carolina

17. INFORMANT George H. Munday
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE June 24, 1935

19. UNDERTAKER Huston-Turner Mortuary
 (ADDRESS) Windsor, Missouri

20. FILED June 24, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to June 22, 1935
 I last saw him alive on June 22, 1935. Death is said to have occurred on the date stated above, at 7:45 P. M.
 The principal cause of death and related causes of importance were as follows:

Uterine Cancer (carcinal) Date of onset 1933

Other contributory causes of importance Carcinal Excision

Name of operation _____ Date of _____
 What test confirmed diagnosis? Histological 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? No
 If so, specify _____

(Signed) J. A. Blackmore, M. D.
 (Address) Windsor, Mo.

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.

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