

APR 23 1938

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

Do not use this space.  
10868

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City K. 6 Mo

Registration District No. 399  
Primary Registration District No. 1002  
St. St. Joseph Ward Woop

File No. \_\_\_\_\_  
Registered No. 1542  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 55 Windsor, Mo St. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds.

Ward Windsor, Mo  
(If nonresident, give city or town and State)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Amick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1st 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 3 20

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) Caffron, Mo.

13. NAME H. G. Farmer

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

15. MAIDEN NAME Mary Little

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

17. INFORMANT Neil Avery  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Caffron, Mo DATE 3/23 1938

19. UNDERTAKER Huston Turner  
(ADDRESS) Windsor, Mo.

20. FILED Nov 22 1936 M. M. Brown  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17 1936 to 3-21 1936

I last saw her alive on 3-21 1936 Death is said to have occurred on the date stated above, at 10 P. m.

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

Carcinoma of uterus Date of onset \_\_\_\_\_

Other contributory causes of importance:

Several attempts followed at self-suffocation

Name of operation: Cyphoid Date of 3-20-36

What test confirmed diagnosis? \_\_\_\_\_ 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) Blair A. Little, M. D.

(Address) 1424 West 14th

HC 460

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.

