

DEC 19 1938

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

40147
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 244
(b) Township _____ Primary Registration District No. 3035 Registered No. 181
(c) City Richmond (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Cates

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Cates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties
9. Industry or business in which work was done, as 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) Elkhorn (STATE OR COUNTRY) Mo.

FATHER 13. NAME Thomas, Vanderpool

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn;

MOTHER 15. MAIDEN NAME Rachel Campbell

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn;

17. INFORMANT W. B. Cates (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Suny Slope DATE Nov. 4, 1938

19. FUNERAL DIRECTOR (NAME) E. Thurman (ADDRESS) Richmond Mo.

20. FILED 12-1 1938 Marjorie M. Donald Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on Nov 2-38 at 5:45 A.M. Death is said to have occurred on the date stated above, at _____ 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:
Complications of carcinoma

Name of operation _____ Date of _____
What test confirmed diagnosis biopsy 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) E. Thurman, M. D.
(Address) Richmond 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.