

REC'D SEP 28 1938

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

Do not use this space.

29853

1. PLACE OF DEATH

County Ray Registration District No. 914
Township North Primary Registration District No. 6235
City Russellville (No.) St. Ward

File No. Registered No. 15-

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Samuel Willard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/19/1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri13. NAME Le Bea of General14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri15. MAIDEN NAME Catherine Penwater16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri17. INFORMANT (ADDRESS) Mr. Ed Willard, Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE August 10, 193819. UNDERTAKER (ADDRESS) 20. FILED Aug 15, 1938 W. E. Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to Aug 7, 1938
I last saw her alive on July 12, 1938. Death is said to have occurred on the date stated above, at 8 A. M.

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

Carcinoma of Lower Bowel (Anular)

Date of onset

Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? NoIf so, specify (Signed) Carl H. Reed, M. D.(Address) Hardin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

