

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

Do not use this space.

36755

1. PLACE OF DEATH

County DeKalb
Township DeKalb
City Union Star (No. _____)

Registration District No. 5364
Primary Registration District No. 262

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Union Star #13 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Dr</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. W. Davis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan-6-1857</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>5</u>	DAYS <u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
10. NAME OF FATHER <u>Chas Hartman</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
12. MAIDEN NAME OF MOTHER <u>Elnora Shank</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
14. INFORMANT (Address) <u>M. W. Davis Union Star #13</u>		
15. FILED <u>1/14 1929</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11 to Nov 13 1929 that I last saw her alive on Nov 13 1929, and that death occurred, on the date stated above, at 4:45 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Carcinoma Liver
Had 1/2 Return

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E. M. Greenwood, M. D.
1/14 1929 (Address) Union Star Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Union Star Mo</u>	DATE OF BURIAL <u>11-16 1929</u>
20. UNDERTAKER <u>R. L. Taggart</u>	ADDRESS <u>King City</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 31 1929

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.

