

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

Do not use this space.

19181

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.

PLACE OF DEATH

County Green Registration District No. 318
Township Greenfield Primary Registration District No. 2001
City Greenfield No. 1307 Patient No.

File No.
Registered No. 485
St. Ward

2. FULL NAME

(a) Residence No. 20720 Greenfield 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1930
17. I HEREBY CERTIFY, That I attended deceased from 5-15 1930 to 6-16 1930 that I last saw him alive on 5-15 1930, and that death occurred, on the date stated above, at 5 P. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus + bladder
4 1/2
3 several yrs. (duration) yrs. mos. ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
32 3 29

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED 460
IF NOT AT PLACE OF DEATH don't know

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER James Rindler

WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical
(Signed) Mary Jean Otherton, M. D.
6-21-1930 (Address) 432-442 Medical Bldg, Bldg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Case Field DATE OF BURIAL 6/22 1930

15. FILED 6-22-1930 John Sharp REGISTRAR

20. UNDERTAKER ADDRESS

