

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

Do not use this space.

32100

**1. PLACE OF DEATH**

County Jettis Registration District No. 668  
Township \_\_\_\_\_ Primary Registration District No. 3032  
City Seabiah (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 262

**2. FULL NAME**

Mary Helen Stallard  
(a) Residence, No. 1115 E 4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Fredrick Stallard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1856</u>		
7. AGE <u>75</u> YEARS	MONTHS <u>2</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
13. NAME <u>William Hutchison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>Fred Stallard</u> <u>Seabiah</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>9/14/31</u>		
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros</u> <u>Seabiah</u>		
20. FILED <u>4-11</u> 19 <u>31</u> <u>J. L. LVE</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-1931

22. I HEREBY CERTIFY, That I attended deceased from 1910, 19   to 1931  
I last saw him alive on 8/20/11, 1931. Death is said to have occurred on the date stated above, at 49 m.  
The principal cause of death and related causes of importance were as follows:

<p><u>Carcinoma of liver +</u> <u>lung (metastatic)</u> <u>49</u> <u>Primary carcinoma</u> <u>of uterus</u></p>	Date of onset
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Other contributory causes of importance:  
Hypertension

Name of operation Hysterectomy Date of 1910  
What test confirmed diagnosis? Feb. 1 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. L. LVE M. D.  
(Address) Seabiah 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.

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THIS IS A PERMANENT RECORD

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