

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

Do not use this space.

35287

1. PLACE OF DEATH
 County Pettis Registration District No. 665
 Township Houstonia Primary Registration District No. 4398
 City Houstonia (No.) St. Ward

2. FULL NAME Minnie Hopkins Rathrock
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. J. Rathrock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>4</u>	<u>11</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summit Springs Mo

13. NAME Willis Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springtown Kentucky

15. MAIDEN NAME Caroline Short

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springtown Kentucky

17. INFORMANT (ADDRESS) Willis Rathrock Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Houstonia DATE Oct 20 1931

19. UNDERTAKER (ADDRESS) W. C. Westbrook Houstonia Mo

20. FILED Oct 20 1931 C. L. Westbrook Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to Oct 15 1931
 That saw her alive on Oct 15 1931. Death is said to have occurred on the date stated above, at 7 P. M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus Date of onset 1924
48
48
 Other contributory causes of importance: Age

Name of operation Hysterectomy Date of 1925
 What test confirmed diagnosis? Was there an autopsy?

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) C. L. Westbrook, M. D.
 (Address) Houstonia, Mo.

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

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.

NOV 25 1931

