

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

Do not use this space.

3686

1. PLACE OF DEATH

County Bates Registration District No. 47
 Township Alex. Creek Primary Registration District No. 4027
 City Adrian (No. _____, St. _____ Ward)

2. FULL NAME

Mary Ellen Under
 (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 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Frank Under</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-3-1862</u>		
7. AGE	YEARS	MONTHS
<u>70</u>		
	DAYS	IF LESS than 1 day, hrs. or min.
	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u></u>	
	10. Date deceased last worked at this occupation (month and year) <u></u>	11. Total time (years) spent in this occupation <u></u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adrian Ill.</u>		
FATHER	13. NAME <u>James A. Brennan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adrian Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Rachel Leason</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adrian Mo.</u>	
17. INFORMANT* (ADDRESS) <u>Leeta J. Waggy Adrian Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Present Hill Cem.</u> DATE <u>Feb 25</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Crest and Sit Adrian Mo.</u>		
20. FILED <u>2-23-</u> 19 <u>32</u> <u>N. H. W. Tuttle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931 to Feb 21 1932

I last saw her alive on Feb 21 1932 Death is said to have occurred on the date stated above, at 11:55 P.M.

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

<u>Metastatic Carcinoma</u>	Date of onset
<u>6 Lines + Colon</u>	
<u>Primary Carcinoma</u>	
<u>Adenoma</u>	

Other contributory causes of importance: H60

Name of operation _____ Date of _____

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? (D) Date of injury _____, 1932

Where did injury occur? (D) (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 Cancer of Colon, M. D.
 (Signed) Carter W. Luter
 (Address) Bates, 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.

MAR 21 1932

