

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

Do not use this space.

26392

1. PLACE OF DEATH

County Jackson
Township Jaw
City J. C. Ind. (No. 1866 Benton)

Registration District No. 259
Primary Registration District No. 1002

File No. _____
Registered No. 3300
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1867 Benton St., 11 Ward.

(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

3. SEX Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED? (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1848

7. AGE YEARS 84 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee

MOTHER 13. NAME Clayton Hooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. E. P. Slavin (ADDRESS) 1867 Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Oscola Mo. DATE 8-31 1932

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brooklyn Avenue

20. FILED 9/29 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 29 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to Aug 29, 1932

I last saw her alive on 8 - 24 - 1932 Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Schirous Carcinoma of tip of tongue
Tubercular Scurvy
Date of onset _____
Other contributory causes of importance: Schirous Carcinoma Scurvy

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? _____ 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) D. W. Magry, M. D.
(Address) 1700 Judson

S. C. Malins

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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Har. 6743.
4017 Bell - L0 - 1588