

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

Do not use this space.

12217

1. PLACE OF DEATH

County Adair
Township
City Wickville (No. 1)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 79 St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward. State Mo
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Walters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 7, 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>0</u>
	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.

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>on farm</u>
	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) Missouri

13. NAME W. J. Claybrook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know we think Mo

15. MAIDEN NAME Ellen Hickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT James Walters (ADDRESS) State, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Apr. 27 1933

19. UNDERTAKER Glen E. Smith (ADDRESS) Gren City, Mo

20. FILED 4/27 1933 Rob E. H. Bremer Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from March 4 1933 to Apr 25 1933

I last saw her alive on Apr 25 1933 Death is said to have occurred on the date stated above, at 3:15 P.m.

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

Carcinoma of ileum Date of onset 1933

Other contributory causes of importance:

Name of operation Expl. laparotomy Date of 3/28/33
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) E. S. Smith, M. D.

(Address) Wickville 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.

1933-4-25
53-⊕-18
1880-4-7