

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No.) Ward.....

File No. 24462
Registered No. 5835 St. Ward)

2. FULL NAME

(a) Residence, No. Dorothy Cents St. 11 Ward.
(Usual place of abode) 3454 Shenandoah (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 female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cleve Cents
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-1899
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 4 13

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

FATHER
13. NAME John J. Kelcey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Second Parish, Mo.

MOTHER
15. MAIDEN NAME Mary Kelcey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Cleve Cents
3454 Shenandoah

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 5, 1933

19. UNDERTAKER (ADDRESS) John J. Barrett
3910 Olive Ave

20. FILED 11-3-1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY That I attended deceased from Mar 5, 1933 to July 2, 1933
I last saw her alive on 7-2-33, 1933 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of cervix
(Inoperable)

Other contributory causes of importance: None

Name of operation..... Date of.....
What test confirmed diagnosis? Biopsy Was there an autopsy? no

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) M. A. Hallyman, M. D.
(Address) 1225 So. Grand

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.

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