

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

Do not use this space.

2946

1. PLACE OF DEATH

County Howell
Township
City Willow Springs, Mo.

Registration District No. 385
Primary Registration District No. 4228

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Lucy Alice German 655

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

Length of residence in city or town where death occurred 3 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33

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.

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) Texas County, Mo.

13. NAME Enoch New

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

15. MAIDEN NAME Laura Belle Pruett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaska County, Mo.

17. INFORMANT Mrs Clarence Presser
(ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nease Cemetary DATE 1/31/ 1938

19. UNDERTAKER None (County Case)
(ADDRESS) West Plains, Mo.

20. FILED 1-30-38 Marionette Ferguson Registrar. 345

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1938

22. I HEREBY CERTIFY, That I attended deceased from 9-30-1937 to 1-10-1938

I last saw h.e.v. alive on 1-10-1938 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Carcinoma of Uterus

Date of onset 6-37

Other contributory causes of importance:

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? No.
If so, specify _____

(Signed) C.F. Callahan M. D.

(Address) Willow Springs, Mo.

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH