

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.

84 REGD MAR 23 1938

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

Do not use this space.

7854

1. PLACE OF DEATH ²
County Peck ¹ Registration District No. 701 ^V
Township Marion Primary Registration District No. 5900
City (No. _____) St. _____ Ward _____

2. FULL NAME Millie Rachel Anderson ⁵³⁶
(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 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6 1869
7. AGE YEARS 68 MONTHS 9 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
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) Missouri (STATE OR COUNTRY) 0

13. NAME Edward Clapper 0

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 0

15. MAIDEN NAME Not known 9

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

17. INFORMANT Ezra Anderson (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE 1-5 1938

19. UNDERTAKER Hutchison - Blue (ADDRESS) Bohara

20. FILED Jan 5 1938 J. O. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1938

22. I HEREBY CERTIFY that I attended deceased from Dec. 7 1937, to Jan 4, 1938

I last saw her alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 8 A.M.

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

Sarcoma of Uterus
Carcinoma Uterus with
extensive Abdominal
metastases

Date of onset

Other contributory causes of importance: U 53

Name of operation Craniotomy Date of _____

What test confirmed diagnosis? Clinical 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 6

Nature of injury 3

24. Was disease or injury in any way related to occupation of deceased? +

If so, specify M. J. Gumbus D.D. (Signed) _____

(Address) Bohara, Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7834
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 701
(b) Township Marion Primary Registration District No. 1930 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Millie Rachel Anderson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) I first saw this patient Dec 7, 1937. Three

13. NAME months previously she hurt her rt. arm in

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) lifting pair of water

15. MAIDEN NAME of rt. humerus & extensive

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

17. INFORMANT (ADDRESS) I presume the primary seat of malignancy

18. BURIAL, CREMATION, OR REMOVAL to be rt. humerus but
PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Sarcoid of rt. Humerus
Carcinoma uterus with
extensive abdominal
metastasis 57
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date _____
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) W. J. Zumbrian M.D.
W. J. Zumbrian
Gallias

(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain text.

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