

SEP 21 1938

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

Do not use this space.

28761

1. PLACE OF DEATH

County De Kalb Registration District No. 263
Township Dallas Primary Registration District No. 5366
City Santa Rosa (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Lurana Cass 561

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Cain (Deed)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper
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) Slavess Co Mo

13. NAME John R Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Betsy Sherard

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

17. INFORMANT Mrs Frank Whitchurch (ADDRESS) Santa Rosa Mo

18. BURIAL, CREMATION, OR REMOVAL Maaddy Cemetery DATE Aug 30 1938

19. UNDERTAKER J. S. Groher (ADDRESS) Pattersonburg, Mo

20. FILED Sept 10 1938 James Fitzgald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938
22. I HEREBY CERTIFY, That I attended deceased from April 15 1938 to Aug 28 1938
I last saw her alive on Aug 28 1938 Death is said to have occurred on the date stated above, at 9:25 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Duodenum
Other contributory causes of importance: 46 1/2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. R. Reynolds, M. D.
(Address) Waverlyville, 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.

