

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 638
Township Miss. La. Matte Primary Registration District No. 6230
City Miss. La. Matte (No. 49) St. _____ Ward _____

File No. 21132
Registered No. 43
St. _____ Ward _____

2. FULL NAME

(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 40 yrs. mos. da. How long in U. S., if of foreign birth? 40 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dobr. Hatto</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 31 1857</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeping</u>		
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) <u>Indefinitely</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
13. NAME <u>Jas Moon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Lucinda Goss</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Davis Rogus mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miss. La. Matte Mo</u> DATE <u>June 2 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Caldwell Bros</u> <u>Flax River Mo</u>		
20. FILED <u>June 1 1934</u> <u>S. C. Slaughter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1934

22. I HEREBY CERTIFY, that I attended deceased from Aug 1 1933 to June 1 1934
I last saw her alive on May 31 1934 Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
46
1295
Date of onset 2 yrs ago

Other contributory causes of importance:
Infected gall bladder

Name of operation _____ Date of _____
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? No
If so, specify _____
(Signed) Arthur Benson M. D.
(Address) Shelburne town 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.

JUL 13 1934

WRITE PEANUT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1
31

By C. P. Schwaner

