

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

Do not use this space.

6178

**1. PLACE OF DEATH**

County St. Francois  
Township Randolph  
City Cantwell (No. ....)

Registration District No. 779  
Primary Registration District No. 6024 A

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

**2. FULL NAME Dally Bell Hamby**

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

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. (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 Smith Hamby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 23, 1875

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>56</u>	<u>8</u>	<u>18</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Silas Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't know

14. INFORMANT Smith Hamby (Address) Cantwell Mo.

15. FILED 2-12-30 R.B. Lester REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 / 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1929, to Feb-11, 1930 that I last saw her alive on 2/11, 1930, and that death occurred, on the date stated above, at 7:10 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of liver  
46E (duration) yrs. 9 mos. ds.  
CONTRIBUTORY (SECONDARY) 44E (duration) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH. .... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) N. M. Feehan M. D.  
2/11, 1930 (Address) Deer Lake

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herod Cemetery DATE OF BURIAL Feb, 15, 30

20. UNDERTAKER C. G. Boyle ADDRESS Deer Lake

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.

28 1930

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