

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

County Monticau
 Township Walster
 City Hettie (No.)

Registration District No. 571
 Primary Registration District No. 5769

File No. 36724
 Registered No. 49
 St. Ward

2. FULL NAME

Hettie Milburn

(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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15-1885</u>				
7. AGE	YEARS <u>49</u>	MONTHS <u>7</u>	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 8-28-1934 to 10-21-1934

I last saw her alive on 10-21-1934 Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Carcinoma of the Uterus
48

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

MOTHER FATHER 13. NAME Jamies Humes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

15. MAIDEN NAME Ladie Pennington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co

17. INFORMANT (ADDRESS) Mrs. Mellard Milburn
California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 10/23/34

19. UNDERTAKER (ADDRESS) Fuller & Friedmeyer
California Mo

20. FILED 10-22-1934 H.R. Popejoy Registrar

Name of operation None Date of
 What test confirmed diagnosis? Physical 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

Also, specify H.R. Popejoy (Signed) California Mo M. D.
 (Address)

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.

