

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL RECORD. 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.

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

Do not use this space.

OCT 16 1934

1. PLACE OF DEATH

County Moniteau
Township Jeffers
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. 33465
Registered No. 48
St. _____ Ward _____

2. FULL NAME

(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) Widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1859
8. YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 10 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.
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) Franklin, Mo

13. NAME Frank H. Street

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Schabel

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

17. INFORMANT (ADDRESS) Dr. R. E. R. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mormon's land DATE Sept 11 1934

19. UNDERTAKER (ADDRESS) John W. Brown & Son

20. FILED 9-10-1934 H. R. Popejoy Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1934, to Sept 9 1934. I last saw her alive on Sept 9 1934. Death is said to have occurred on the date stated above, at 10 P. M. The principal cause of death and related causes of importance were as follows:

Carcinoma of liver
Other contributory causes of importance 46
Name of operation none Date of _____
What test confirmed diagnosis? X ray 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) L. L. Latham, M. D. (Address) California, Mo

