

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

Do not use this space.

OCT 17 1934

33849

**1. PLACE OF DEATH**

County Ray  
Township Polk  
City ~~Ray~~ (No. \_\_\_\_\_)

Registration District No. 742  
Primary Registration District No. 5977a

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 9 12  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) Fairson Mo  
13. NAME Wm G. Titus  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Lucinda Elliott  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Vergil Boyd  
(ADDRESS) Ray City Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton DATE Sept. 14 1934

19. UNDERTAKER W. Dadds  
(ADDRESS) Warrens Kansas

20. FILED Sept 20 1934 Edwin Chouse,  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Sept 12 1934  
I last saw h. or alive on Sept 12 1934. Death is said to have occurred on the date stated above, at 0:30 a.m.

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

Carcinoma of Colon Descending Date of onset 46 C

Other contributory causes of importance: HV

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Biopsy 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. Dadds M. D.  
(Address) Fairson 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.

MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - A PERMANENT RECORD

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