

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

Do not use this space.

MAY 31 1935

13648

1. PLACE OF DEATH

County Moniteau Registration District No. 575
 Township Wheatfork Primary Registration District No. 4339
 City Tipton (No. _____) St. _____ Ward _____

2. FULL NAME Dollie Stinson

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mason Stinson (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 5th, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
51 0 7

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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tipton, (STATE OR COUNTRY) Missouri

13. NAME Lewis Hunter

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hadley Mosbey (ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Mo DATE 4/14/1935

19. UNDERTAKER Jessie E. Richards (ADDRESS) Tipton, Mo

20. FILED 42-13, 19. 35 Mrs Sarah G. Gage Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Apr. 11, 1935
 I last saw her alive on Apr. 11, 1935. Death is said

to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus
 Date of onset _____
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? NO
 If so, specify _____
 (Signed) G. S. Wilson, M. D.
 (Address) Fortune, 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.

