

Corrected Copy

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

1 PLACE OF DEATH

County *Wayne*
Township *Black River*
or
Village
or
City

Registration District No. *993*

File No. *43755-A*

Primary Registration District No. *6194*

Registered No. *25*

(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Margaret Jane Scheppelman*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *female* 4 COLOR OR RACE *white* 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) *Married*

6 DATE OF BIRTH *Jan 3* 17 (Month) 18 (Day) 1891 (Year)

7 AGE *45* yrs. *1* mos. *2* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *House wife* (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) *Wayne Co Mo*

PARENTS 10 NAME OF FATHER *Daniel Moore* 11 BIRTHPLACE OF FATHER *Iowa* (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER *Margaret Sutton* 13 BIRTHPLACE OF MOTHER *Mo* (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John L. Moore*
(Address) *Phaonia Mo*

15 *DEC 16 - 1914*
Filed *2* 16 1914 *Ch. H. Holt*
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 19* 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Feb.* 1914 to *Dec.* 1914, that I last saw her alive on *Dec 4* 1914, and that death occurred, on the date stated above, at *12:30 a.m.*

The CAUSE OF DEATH* was as follows:

48 Gen. carcinoma
53 following degenerating
for carcinoma of cervix
1 yr 10 mos 1 ds (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) *J. W. Barry* M. D. *Dec 20, 1914* (Address) *Cape Girardeau Mo*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wollard Cem* DATE OF BURIAL *Dec 20, 1914*

20 UNDERTAKER *Saml. Wilson* ADDRESS *Dodge Mo*