

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

Do not use this space.

32540

1. PLACE OF DEATH

County Washington Registration District No. 875
Township W Primary Registration District No. 6162
City Lebanon (No.) St. Ward

File No.
Registered No. 206

2. FULL NAME

(a) Residence. No. St. Lebanon Mo Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-17-856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 | 9 | 11 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Donkison
(STATE OR COUNTRY)

10. NAME OF FATHER Donkison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Donkison
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Donkison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Donkison
(STATE OR COUNTRY)

14. INFORMANT Hospitale Records
(Address) Nevada Mo

15. FILED 11-22-27 E. R. Hing
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/30 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1927, to Oct 30, 1927.
that I last saw him alive on Oct 30, 1927, and that death occurred, on the date stated above, at 7:15 A m.

THE CAUSE OF DEATH, WAS AS FOLLOWS:

Carcinoma of breast
50 (duration) 2 yrs. mos. ds.
16 (duration) 2 yrs. mos. ds.
CONTRIBUTORY Female Encephalitis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Lebanon Mo
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? H Parker
(Signed) 10/30, 1927 (Address) Nevada Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon Mo. DATE OF BURIAL Oct 31 1927

20. UNDERTAKER Allen V. Mayo ADDRESS Nevada, 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.

7

Palmer Fur. Co.,
Lebanon, Mo.

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