

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

Do not use this space.

34056

1. PLACE OF DEATH

County Marion
Township
City Bever Mo (No.) St. Ward)

Registration District No. 527
Primary Registration District No. 4313

File No.
Registered No. 41

2. FULL NAME

Jesse Hisle

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

wh.

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

Married

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

George Hisle

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 3 - 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	2	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Callao

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Frank Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Marion

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Rachel Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Callao

(STATE OR COUNTRY)

Mo

14. INFORMANT

(Address)

J. G. Hisle
Bever Mo.

15. FILED

11/3 27 Jed Peace

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Nov 27 1927

17.

I HEREBY CERTIFY That I attended deceased from Aug 27, 1927, to Nov 2, 1927 that I last saw her alive on Nov 2, 1927, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General carcinoma

CONTRIBUTORY (SECONDARY)

49 53 53
Common of Breast
(duration) 6 yrs. 6 mos. da.
(duration) 20 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

no DATE OF.....

WAS THERE AN AUTOPSY.....

no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

J. F. Turner

, 19 (Address)

Bever, 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

DATE OF BURIAL

Concord Cemetery

Nov 4 1927

20. UNDERTAKER

ADDRESS

J. G. Hisle
Bever Mo.

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.

1228

