

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
CERTIFICATE OF DEATH

Do not use this space.

28137

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Putnam Primary Registration District No. 3937
 City St. Mary Hospital (No.) St. Ward
 Registered No. 233

2. FULL NAME Martha Melloe
 (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 P 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 9 | | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER James O'Brien

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

12. MAIDEN NAME OF MOTHER Virginia Boatable

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

14. INFORMANT J. W. Melloe
 (Address)

15. FILED 8-24-28 19. REGISTRAR J. O. Love

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 12th 1925, to August 23, 1928 that I last saw h. or alive on Aug 23rd 1928, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Left Breast
malignant
50 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 47 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 18th 1925

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) Just B. Carver M. D.
8/23, 1928 (Address) Sedalia, 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 Boonville Mo DATE OF BURIAL Aug 24 1928

20. UNDERTAKER ADDRESS Sedalia

