JAN 22 1929

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

Do not use this space.

39992

1. PLACE OF DEATH

County Cooper. Registration District No. 218

Township Primary Registration District No. 3015

City Boonville (No. , St. Ward)

File No.

Registered No. 103

2. FULL NAME Mrs. Mary E. Butcher.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2" 1876.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	4	18	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Christopher A Baker

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

12. MAIDEN NAME OF MOTHER Mary E. Harte.

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

14. INFORMANT Mr. Geo. Allen.
(Address) Boonville Mo.

15. FILED Dec 21, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20" 1928

17. I HEREBY CERTIFY, That I attended deceased from October 12, 1928, to Dec 20, 1928 that I last saw her alive on Dec 18, 1928, and that death occurred, on the date stated above, at 2.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Uterus.

48

46

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 12 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) A. van Ravenswaay, M. D

Dec 21, 1928 (Address) Boonville 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 Laurel Oak Cemetery

DATE OF BURIAL 12-22 1928

20. UNDERTAKER Windsor Mo Goodman & Boller

ADDRESS Boonville Mo

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.