

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

Do not use this space.

18595

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columber

Primary Registration District No. 3006

City Columber (No.)

File No.

Registered No. 115

St. Ward)

2. FULL NAME

Myr Annis Robinson Lipscomb

(a) Residence No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) May 12 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 - 29

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

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

PARENTS 10. NAME OF FATHER James Robinson 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky. 12. MAIDEN NAME OF MOTHER Myr Sarah McDonald 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

14. INFORMANT Miss Lipscomb (Address) Columber Mo

15. FILE June 14 1930 Beatrice Grubb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 11 1930

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1930, to June 11, 1930 that I last saw her alive on June 11, 1930 and that death occurred, on the date stated above, at 9:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Serous Carcinoma Both Breasts

CONTRIBUTORY (SECONDARY) Metastatic to mediastinum (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 47 IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. H. P. Myers, M. D. , 19 (Address) Columbia, 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 Columbia Cemetery DATE OF BURIAL 6-14-30

20. UNDERTAKER Tom LaHay ADDRESS Columbia

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

ALTON

10000

20