

SEP 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County Lulaspi  
Township Liberty  
City Richland, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 712  
Primary Registration District No. 4427

File No. 27603  
Registered No. 19

2. FULL NAME

(a) Residence. No. Richland mo St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 yrs. mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Wm. J. Manes.</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 14 - 1869</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>61</u>	<u>5</u>	<u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None lived with a daughter at time of death.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u> (c) Name of employer _____			

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July first, 1930, to Aug 22, 1930, that I last saw her alive on Aug 21, 1930, and that death occurred, on the date stated above, at Richland, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of breast

50 (duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) unknown (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lulaspi Co., Mo.

10. NAME OF FATHER A. J. Johnson.

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

12. MAIDEN NAME OF MOTHER Mary Depew.

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

14. INFORMANT A. J. Cannon (Address) Richland, Mo.

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

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/19/1925

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H. C. Murphy, M. D.

8.22.1930 (Address) Richland Mo

15. FILED 8.24.1930 Owitt A. Oliver REGISTRAR

\*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 Calvary Cem. Rolland Mo DATE OF BURIAL Aug 24 1930

20. UNDERTAKER H. A. Jones ADDRESS Richland Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

