NOV 25 1930

50

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

Do not use this space.

33341

File No.

Registered No. 107

1. PLACE OF DEATH
County: Jefferson
Township: Tilden
City: Valley Park (No. ..... St. ..... Ward)

Registration District No. 420
Primary Registration District No. 5574

2. FULL NAME: Rinda Catherine Haverstick

(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	Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: J. G. Haverstick

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 15-1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	83	9	26	

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

9. BIRTHPLACE (CITY OR TOWN): Jefferson Co.
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Geo. Larkin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Jane Stoball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Mrs Gus Frazier
(Address): Valley Park Mo

15. FILED 10/14 1930 B. L. Rougey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/12 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1930, to Oct 10, 1930, that I last saw her alive on October 10, 1930, and that death occurred, on the date stated above, at 12-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma
left Breast
50
4 yrs (duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Metastatic cancer
of lung (duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. Yoskel, M. D.
10/13, 1930 (Address) Ballas 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: Mount Olive — DATE OF BURIAL: 10/14 1930

20. UNDERTAKER: Fink Und. Co — ADDRESS: Festus Mo.

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.

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