

NOV 26 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33612

1. PLACE OF DEATH

County Madison
 Township Boon Creek
 City Boonville (No. _____ St. _____ Ward _____)

Registration District No. 596
 Primary Registration District No. 5787B

File No. _____
 Registered No. _____

2. FULL NAME

Margaret Ellen Abersmith
 (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 15 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 Married

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

H. H. Abersmith

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 8 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80

4

20

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

Housewife

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

Boonville Mo.

10. NAME OF FATHER

William J. Abers

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

Boonville Mo.

12. MAIDEN NAME OF MOTHER

Myrtle Abers

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

Boonville Mo.

14. INFORMANT (Address)

Miss Belle Abers

15. FILED

Nov 19, 1930

G. H. Abers

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from Dec 10 - 1930 to Oct 28 - 1930 that I last saw her alive on Oct 27, 1930, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left Breast

50

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. R. Trinnick, M. D.

. 19 (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

DATE OF BURIAL

Boonville, Mo. 10/30 1930

20. UNDERTAKER

ADDRESS

R. W. Abers Boonville, 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.

