

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

Do not use this space.

2094

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3029
 City Hannibal (No. St Elizabeths Hospital) St. Cent Ward)

File No. _____
 Registered No. 31
 St. Cent Ward)

2. FULL NAME

Helen Homalos
 (a) Residence. No. Rt. 2043 Hannibal 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 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 Chas. Homalos

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 18, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 4 5 8

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) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hungary
 (STATE OR COUNTRY) 14

10. NAME OF FATHER Joseph Knall

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

12. MAIDEN NAME OF MOTHER Elizabeth Gage

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

14. INFORMANT Chas. Homalos
 (Address) Rt 2043 Hannibal Mo

15. FILED 7/23/31 6 E Cousins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 - 1931

17. I HEREBY CERTIFY, That I attended deceased Cor. Dec 24, 1930, to Jan 25, 1931, that I last saw her alive on Jan 25, 1931, and that death occurred on, the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia, right lower & middle lobes -

49C
158 (duration) yrs. mos. 3 ds.

CONTRIBUTORY Carcinoma right breast (SECONDARY)
lymphatic (duration) yrs. 3 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓ country of Radin

DID AN OPERATION PRECEDE DEATH? 21 DATE OF Dec 24 1930

WAS THERE AN AUTOPSY? 70

WHAT TEST CONFIRMED DIAGNOSIS Laboratory
 (Signed) M. H. Hays M. D.

, 19 (address) Hannibal 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 St Mary Cemetery DATE OF BURIAL 1/28/ 1931

20. UNDERTAKER James O'Donnell ADDRESS Hannibal 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.

WHILE FILING WITH CERTIFICATE

