

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

Do not use this space.

1. PLACE OF DEATH  
 24 County Phoy Washington Registration District No. 198  
 Township Washington Primary Registration District No. 5278  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Alice M. Elvain  
 (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.

File No. 4082  
 Registered No. 20

**PERSONAL AND STATISTICAL PARTICULARS**

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Wm M. Elvain</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>May 12 1862</u>                       |   |   |
| 7. AGE  | YEARS<br><u>69</u>  | MONTHS<br><u>8</u>  |
|   | DAYS<br><u>21</u>   | IF LESS than 1 day, hrs. or min.  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Nursewife</u> |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>235</u>                |   |
|   | 10. Date deceased last worked at this occupation (month and year)   | 11. Total time (years) spent in this occupation                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ky</u>                       |   |   |
| FATHER  | 13. NAME<br><u>Robt Chancellor</u>  |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ky</u>   |   |
| MOTHER  | 15. MAIDEN NAME<br><u>Mary Ellen Jones</u>  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Ky</u>   |   |
| 17. INFORMANT (ADDRESS)<br><u>Jeff M. Elvain</u>                                    |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Kearney Mo</u> DATE <u>Feb 4 1932</u> |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Wessel Kearney Mo</u>                                |   |   |
| 20. FILED <u>3-4</u> 19 <u>32</u> <u>G. Abraham</u> Registrar.                      |   |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 23 1931 to Jan 3 1932  
 I last saw her alive on Jan 24 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Mammary Right side - severe metastasis  
 Date of onset 50  
 Other contributory causes of importance: 50  
 Name of operation none Date of ✓  
 What test confirmed diagnosis? none Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury ✓  
 Nature of injury ✓  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John J. Greel M. D.  
 (Address) C. Elliot Springs Mo

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

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.

FEB 22 1932

