

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

Do not use this space.

11447

1. PLACE OF DEATH  
 1 County Adair Registration District No. 4  
 2 Township \_\_\_\_\_ Primary Registration District No. 3001  
 7 City Waverly (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Lola M. Haven  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Browning mo  
 (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 F 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 James M. Haven  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1894  
 7. AGE YEARS 38 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 53  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo.  
 13. NAME Henry Dodson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo.  
 15. MAIDEN NAME Elizabeth Livingston  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Mo.  
 17. INFORMANT James M. Haven  
 (ADDRESS) Browning mo  
 18. BURIAL, CREMATION, OR REMOVAL Waverly  
 PLACE Waverly, Mo. DATE May 1, 1932  
 19. UNDERTAKER T. G. Hummel  
 (ADDRESS) Browning mo  
 20. FILED Apr 30, 1932 Mrs O. Becker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1932 to Apr 29, 1932  
 I last saw her alive on April 29, 1932 Death is said to have occurred on the date stated above, at 8:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma - General in Date of onset \_\_\_\_\_  
bladder  
Secondary to carcinoma  
of left breast  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation Leporectomy Date of 4/28/32  
 What test confirmed diagnosis? micro Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 accident, suicide, or homicide? \_\_\_\_\_ 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) E. Walker M.D. M. D.  
 (Address) \_\_\_\_\_

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.

MAY 3 1932

