

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

Do not use this space.

19195

**1. PLACE OF DEATH**

38 County Montgomery  
Township North  
City (No. ....) (No. ....) Ward

Registration District No. 309  
Primary Registration District No. 5427

File No. ....  
Registered No. 30 (State) (Ward)

**2. FULL NAME**

(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 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 John Britton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Greenville Tenn

13. NAME Richard Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn

15. MAIDEN NAME Loral Babb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Atia Britton

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Cemetery DATE June 30 1932

19. UNDERTAKER (ADDRESS) Edifford Brooks

20. FILED June 30 1932 W.P. Martin Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-27-1931 to 6-28-1932. I last saw her alive on 6-10-1932. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Breast Date of onset 5-1-30  
50  
53E 50

Other contributory causes of importance: Carcinomatosis

Name of operation Ampyctation Breast Date of 6-2-32

What test confirmed diagnosis? Clin 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) Frank H. Rose, M. D. (Address) Albany, 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.

JUL 9 1932

