

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

Do not use this space.

32008

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318 File No. ....  
 3 Township ..... Primary Registration District No. 2001 Registered No. 734  
 5 City Springfield (No. John Hosp St. .... Ward)

**2. FULL NAME**

(a) Residence Lebanon Mo St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Modern single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 - 1886</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>7</u>	DAYS <u>0</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as miner, sawyer, bookkeeper, etc. <u>244</u>	
	9. Industry or business in which work was done, as mill, saw mill, bank, etc. <u>House</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) <u>Mo</u>		
MOTHER	13. NAME <u>Kapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>May 1901</u>	
	15. MAIDEN NAME <u>Archie Dale</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Red Kapp</u> (ADDRESS) <u>Lebanon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Mo</u> DATE <u>10-25</u> 19 <u>32</u>		
19. UNDERTAKER <u>H. H. Schreyer</u> (ADDRESS) <u>Springfield Mo</u>		
20. FILED <u>10-24</u> 19 <u>32</u> <u>Ralph Banaster</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/24 1932  
 22. I HEREBY CERTIFY, That I attended deceased from 10/8 1932, to 10/24 1932  
 I last saw h. or alive on 10/23 1932 Death is said to have occurred on the date stated above, at 3.4 m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast 1929  
50  
17.5  
50  
 Date of onset

Other contributory causes of importance:  
metastases to lungs July 1932  
& mediastinum

Name of operation Autopsy Date of Autopsy  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes  
 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 1

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) W. S. ... M. D.  
 (Address) Med Arts Springfield 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.

NOV 23 1932

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