

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

Do not use this space.

41160

1. PLACE OF DEATH

County Pulaski
Township Levan
City Levan (No. 716)

Registration District No. 716
Primary Registration District No. 5945

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Est. Mabel Burnett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 5 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Dec 5, 1937
11. Total time (years) spent in this occupation Always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo

FATHER
13. NAME Hayden Singleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 51

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) James Burnett

18. BURIAL, CREMATION, OR REMOVAL PLACE Levan DATE Dec 10

19. UNDERTAKER (ADDRESS) W. H. Bell

20. FILED Dec 9 1937 W. H. Bell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1937

22. HEREBY CERTIFY, That I attended deceased from July 17 1937 to Dec 8 1937

I last saw her alive on Dec 8 1937 Death is said to have occurred on the date stated above, at 7:25 P.M.

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

Other contributory causes of importance: Unknown

Name of operation Mammary Date of _____

What test confirmed diagnosis? ✓ 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) W. H. Bell, M. D.

(Address) Levan 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.

