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

Do not use this space.

962

File No.
Registered No. 115

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township Campbell — Primary Registration District No. 2001
City Springfield (No. 655, Kimbrough St., Ward)

2. FULL NAME Mary Jane Balsley

(a) Residence, No. 655 E. Kimbrough 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. M. Balsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1867

7. AGE: Years 65 | Months 7 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Charles G. Huntington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Sarah Jane Huntington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Ray Hondren
(ADDRESS) 655 Kimbrough St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazelwood DATE Feb. 2 1933

19. UNDERTAKER G. N. Hoff
(ADDRESS) 629 N. Walnut St.

20. FILED 2-10 1933 Ralph W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8 1933 to Jan. 31 1933
I last saw her alive on Jan. 31 1933. 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:

50 Recurrent Carcinoma of Breast.

Other contributory causes of importance:

50

Date of onset

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

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?
If so, specify
(Signed) E. L. Rosebaugh, M. D.
(Address) 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.