

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

Do not use this space.

6673

1. PLACE OF DEATH

74 County Madaway
Township Hughes
City (No.) St. Ward

Registration District No. 622
Primary Registration District No. 5824

File No.
Registered No. 1 St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Dixon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1890</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.....
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).....	

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

13. NAME
Edward Kinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ohio

15. MAIDEN NAME
Mary Crawford

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

17. INFORMANT
Mrs. Dixon
(ADDRESS) Graham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graham Mo DATE 2/22, 1933

19. UNDERTAKER
(ADDRESS) Price Fun Co
Maryville

20. FILED Feb 21, 1933 Mrs E L Morgan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to Feb 20, 1933

I last saw her alive on Feb 15, 1933 Death is said

to have occurred on the date stated above, at 7:30 a.m.

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

Carcinoma of Right Breast Date of onset 1930

Other contributory causes of importance:
Post removal edema Rt. arm due to marked scar tissue formation.

Name of operation Poste eubiotic method Date of 1930

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) E. M. Fiedley, M. D.

(Address) Graham, 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.

OCCUPATION
MOTHER
FATHER

100

100

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