

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Saline Registration District No. 796  
 Townshp. \_\_\_\_\_ Primary Registration District No. 3038  
 City Marshall (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8132  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Josephine William Black

(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 <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>S. Bradley Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 - 1876</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>3</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline Co. Mo.</u>	
	13. NAME <u>Mr. A. Claycomb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Caroline M. Heizer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>M. D.</u>	
17. INFORMANT (ADDRESS) <u>Marion Black Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Feb 28 1933</u>		
19. UNDERTAKER (ADDRESS) <u>T. D. Campbell Marshall Mo.</u>		
20. FILED <u>3-4-33</u> <u>G. C. Puhnam</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1932 to 2/27 1933.  
 I last saw her alive on 2/27 1933. Death is said to have occurred on the date stated above, at 10:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of breast 6 mos.  
50  
57  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation Breast Amputation Date of 12/15/32  
 What test confirmed diagnosis? Woods 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) H. M. D. Payne, M. D.  
 (Address) Marshall

