

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City K. P. Morris (No. 3820, Yorris, St.) St. _____ Ward _____

File No. 26347
Registered No. 3469

2. FULL NAME

Emma Jane Insley "Insley"

(a) Residence, No. 3820 Yorris St., _____ Ward _____

(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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriline Insley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1858

7. AGE YEARS 75 MONTHS 3 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio

13. NAME John Ruch

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

15. MAIDEN NAME Mary Gift

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

17. INFORMANT Harriline Insley (ADDRESS) 3820 Morris, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 9-1-33

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 978 Brookline Ave

20. FILED 9-1-33 M. M. Corbett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 30 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1933, to Aug 30, 1933

I last saw her alive on Aug 30, 1933 Death is said

to have occurred on the date stated above, at 10:45 PM m.

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

Cancer of Breast Date of onset about
50 50 one year

Other contributory causes of importance: _____

Name of operation none 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) A. J. Brewer M. D.

(Address) 402 W. Ashmun Bldg

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 also important.

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White Plains
Worthman 3/1st
+ 200#

So. 1300'

1-4-