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.

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

Do not use this space.

35687

1. PLACE OF DEATH

County Buchanan — Registration District No. 80 — File No.

Township Center — Primary Registration District No. 5119 — Registered No.

City ..... (No. 4 Miles So. of St. Joseph, Mo. St. ..... Ward)

2. FULL NAME Gertrude Stewart Highsmith,

(a) Residence, No. 4 M. So. Sparta Road St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 William S. Highsmith,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3rd. 1880

7. AGE: YEARS 53 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) November 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn, Missouri,

FATHER

13. NAME George W. Johnson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn, Missouri,

MOTHER

15. MAIDEN NAME Jane Sherwood,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn, Missouri,

17. INFORMANT (ADDRESS) Wm S. Highsmith R. F. D. # 4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Register Cem. DATE Nov. 18th, 1933

19. UNDERTAKER (ADDRESS) Nealon B. E. Gale & Bowman St. Joseph, Mo. Funeral Home

20. FILED Nov. 17 1933 Mrs. Lucy Powell Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1932, to Nov 16, 1933

I last saw her alive on Nov 16, 1933 Death is said to have occurred on the date stated above, at 4:30 a. m.

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

	Date of onset
Carcinoma of Rt Breast	1931
Rt Lung	
50	
47 B	

Other contributory causes of importance: General Metastasis

Name of operation Radical Breast Amputation Date of Nov 1932

What test confirmed diagnosis? Lab 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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) St. Joseph Mo