

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

Do not use this space.

8642

1. PLACE OF DEATH

County Green Registration District No. 318
Township Springfield Primary Registration District No. 5440
City Springfield (No. 1810) Central

File No. 62
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1810 E. Central 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cesar J. Holder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 27 - 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>34</u>	<u>5</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House Wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>In Home</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	<u>-</u>

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

13. NAME Daniel McCray

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

15. MAIDEN NAME Lillie Downey

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

17. INFORMANT (ADDRESS) Cesar J. Holder 1810 E. Central Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE Mar. 8, 1934

19. UNDERTAKER (ADDRESS) W. H. Ingber & Co. Springfield, Mo.

20. FILED F-7 1934 Springfield Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to March 3, 1934
I last saw h. or alive on Mar. 3, 1934. Death is said to have occurred on the date stated above, at 11:20 p.m.

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

Carcinoma - Metastatic Date of onset Dec. 33
50
53
50
Other contributory causes of importance: Carcinoma - Breast July 33

Name of operation Removal breast Ca with Poses Date of Nov. 33
What test confirmed diagnosis? Chemical 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) F. B. Camp, M. D.
(Address) Springfield

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.

