

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.

APR 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Chillicothe
City Chillicothe (No.)

Registration District No. 508
Primary Registration District No. 5674

File No. 13503
Registered No. 52
St. Ward)

2. FULL NAME

(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>Joseph Fitzpatrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 27-1870</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>1</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>James Nally</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Bridgett M. Nulty</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Joseph Fitzpatrick Chillicothe, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Catholic</u> DATE <u>April 6-1934</u>		
19. UNDERTAKER (ADDRESS) <u>J. P. D. Gordon Chillicothe, Mo.</u>		
20. FILED <u>April 4, 1934</u> <u>Donald M. Powell</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4-1934

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 4, 1934
I last saw her alive on Mar 30, 1934. Death is said to have occurred on the date stated above, at 12:42 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of breast Date of onset 1932

Other contributory causes of importance:
50

Name of operation Amputation of breast Date of July 1-1931
What test confirmed diagnosis? of pathologist 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 A. Callier, M. D.
(Address) Chillicothe, Mo.

