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

Do not use this space.

File No. 23209

Registered No. 192

1. PLACE OF DEATH

County: Boone — Registration District No. 73

Township: — Primary Registration District No. 3006

City: Columbia (No. ..... St. ..... Ward)

2. FULL NAME: Mary Elizabeth Hartley

(a) Residence, No. 622 N. 8th St., 1 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: F. 4. COLOR OR RACE: W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-4-1862

7. AGE: Years 72 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Columbia Missouri

FATHER

13. NAME: Nathaniel Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Nancy Vanlandingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Columbia Missouri

17. INFORMANT (ADDRESS): Willard Hartley Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Locust Grove DATE: 8-1 34

19. UNDERTAKER (ADDRESS): Parr & Co MFU Columbia Mo

20. FILED: 7/31/ 1934 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-30 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 7-30, 1934

I last saw h. alive on 7- 19..... Death is said to have occurred on the date stated above, at 1030 a.m.

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

	Date of onset
Carcinoma of r. breast, with massive metastases — at Hyg	1928

Other contributory causes of importance: Paget's disease of nipple began Oct 1931.

Name of operation: none Date of:

What test confirmed diagnosis? 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) W. K. Campbell, M. D.

(Address) Columbia Mo

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.

100M-11-24-33