

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

OCT 15 1934

1. PLACE OF DEATH

County Wenckler
Township
City Malden

Registration District No. 289
Primary Registration District No. 5704
No. 4173

File No. 28863
Registered No. 41
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 Herbert Joiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
30 5 0

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec 1933 11. Total time (years) spent in this occupation 9 yrs

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

13. NAME Glenn Osborne

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

15. MAIDEN NAME Miss Friedrich

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

17. INFORMANT Herbert Joiner
(ADDRESS) R #2 Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine City Mo. DATE 8/28/1934

19. UNDERTAKER Supt County Farm
(ADDRESS) Remond Mo.

20. FILED 8/27/1934 S. B. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933, to Aug 21 1934.
I last saw him alive on July 3 1934. Death is said to have occurred on the date stated above, at 119 m.

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

58
Carcinoma Breast
Date of onset Dec 1933
Other contributory causes of importance: 50

Name of operation none Date of ✓
What test confirmed diagnosis? clinical 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 ✓, 1934

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 Thyroidosis
(Signed) Renett Mo., M. D.
(Address) Renett Mo.

