

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County BartonRegistration District No. 39Township Golden CityPrimary Registration District No. 4023City Golden City (No.)

St. Ward)

File No. 31891Registered No. 122. FULL NAME Rosie Ann Hurrell

(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. da. 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) married6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Hurrell7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11 - 18858. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 4 209. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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

11. 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) Dade Co. Mo.13. NAME William Kirby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Sarah Pippenger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cratt Co. Ill.17. INFORMANT (ADDRESS) Mrs. Sarah Kirby Golden City Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE D.O.F. Cem. Golden City DATE Sept. 3 193419. UNDERTAKER (ADDRESS) E.A. Phillips Golden City Mo.20. FILED Sept 3 1934 B. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 193422. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Sept 1 1934I last saw her alive on Sept 11 1934 Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Carcinoma of Breast Date of onset 50Other contributory causes of importance 50Name of operation Removal of Breast Date of June 1 1934What 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 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) J. P. [Signature] M. D.(Address) Golden City Mo

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.

WRITE PLAINLY, WITH UNFADING INK IN THIS SPACE

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