

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

Do not use this space.

JAN 8 1935

43016

1. PLACE OF DEATH

County Jackson
Township Free
City Hanna City

Registration District No. 349
Primary Registration District No. 1902
(No. 3248 Warwick)

File No. _____
Registered No. 3400
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3248 Warwick St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Ray County, Missouri

13. NAME John H. Goodman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

15. MAIDEN NAME Sarah F. McDonald

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia

17. INFORMANT (ADDRESS) George Mackay

18. BURIAL, CREMATION, OR REMOVAL

PLACE Deis Summit DATE Dec 18 34

19. UNDERTAKER (ADDRESS) N. B. Langford Deis Summit

20. FILED 12/17 1934 M. M. Cerone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1934 to Dec 16 1934
I last saw her alive on Dec 15 1934. Death is said to have occurred on the date stated above, at 4:10 m.

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

Acute Myocarditis
Carcinoma of Breast Remond

Date of onset Dec 10
Feb 1928

Other contributory causes of importance: Mitastasis in Endosternum

Name of operation Amputation Breast Date of Feb 4 1928

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? _____

If so, specify _____ (Signed) John H. Lapp, M. D.

(Address) 1314 Professional Bldg

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.

