

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

Do not use this space.

MAR 1 1935

2592

**1. PLACE OF DEATH**

County Ripley  
Township Bloom  
City Naylor (No. \_\_\_\_\_)

Registration District No. 751  
Primary Registration District No. 5990

File No. 14  
Registered No. 1270  
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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. M. Messenger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 0 8

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.

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) Bloomfield, Mo.

13. NAME John M. Phelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

15. MAIDEN NAME Uaathk Kellee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield, Mo.

17. INFORMANT (ADDRESS) Med. Commissioner

18. BURIAL, CREMATION, OR REMOVAL PLACE Naylor, Mo. DATE Jan. 7, 1935

19. UNDERTAKER (ADDRESS) Mrs. Minnie G. Galt

20. FILED 1/10 19 34 H. Beckett Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1935

22. I HEREBY CERTIFY That I attended deceased from June 1, 1934, to Jan 6, 1935. I last saw her alive on Jan 6, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

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

Carcinoma of breast.  
50  
Other contributory causes of importance: General carcinomatous condition

Date of onset (P) 20 yrs ago

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? exam 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) H. Beckett, M. D.  
(Address) Naylor, 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.

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