

APR 24 1935

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

Do not use this space.

10190

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Platte
Township Weston
City Weston (No.)

Registration District No. 698
Primary Registration District No. 4420

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 4 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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) Weston (STATE OR COUNTRY) mo

MOTHER FATHER
13. NAME Geo Gumlley

14. BIRTHPLACE (CITY OR TOWN) Pa (STATE OR COUNTRY)

15. MAIDEN NAME Riza Attebery

16. BIRTHPLACE (CITY OR TOWN) Kear (STATE OR COUNTRY)

17. INFORMANT H S Gumlley (ADDRESS) Weston mo

18. BURIAL, CREMATION OR REMOVAL PLACE Funeral Home DATE 3/24 1935

19. UNDERTAKER J & I Mill (ADDRESS) Weston mo

20. FILED 3/24 1935 J & I Mill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 21 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to March 21 1935

I last saw him alive on March - 21 - 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Carcinoma of left breast Date of onset Jan 1934

Other contributory causes of importance: None

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 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 R Lewis C. Calvert, M. D.
(Signed) Weston, Mo.
(Address)

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.

