

AUG 15 1935

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

Do not use this space.

✓ 22804

1. PLACE OF DEATH

County Grundy
Township Galt Mo
City Galt Mo (No.) St. Ward)

Registration District No. 327
Primary Registration District No. 4194

File No.
Registered No. 13
St. Ward)

2. FULL NAME Lydia Ann Mock

(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) wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 5 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid, Retired
(b) General nature of industry, business, or establishment in which employed (or employer) -
(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind10. NAME OF FATHER Wm Sprou11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina12. MAIDEN NAME OF MOTHER Hannah Nelson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.14. INFORMANT K. B. Sprou(Address) Galt Mo15. FILED 7-12-35 E. C. Weston

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11- 1935

17. I HEREBY CERTIFY, That I attended deceased from Mass 1932, to July 11, 1935 that I last saw her alive on July 10, 1935, and that death occurred, on the date stated above, at 11:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of a Left Breast
Complete Paralysis of Right Arm.
Fracture of Inguinal Neck of Left Leg.
High Blood Pressure, (duration) yrs. mos. ds.

CONTRIBUTORY Old age (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. F. Bourne, M. D.7-11, 1935 (Address) Galt Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Galt Mo 1007 Cemetery July 13 1935

20. UNDERTAKER ADDRESS:

R. B. Reynolds Galt Mo

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township _____
City _____

Registration District No. 317
Primary Registration District No. 4194

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Lydia Ann Mack

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 5 17

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS)

20. FILED 4-26-1937 W. C. Lester Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Carcinoma left breast
fracture of surgical neck of left leg

Other contributory causes of importance:

Name of operation _____ Date of _____
1860

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-1-1937 (3)
Where did injury occur? Self, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury Stumbled over rug
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) H. E. Bouzre, M. D.
(Address) Path, Mo

SUPERVISOR

SEP 8 1954

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