

OCT 17 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia(No. 1)

28682

File No. 179Registered No. 179St. Mo.Ward 1

## 2. FULL NAME

(a) Residence, No. 1400 East Brady 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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWilliam Blackwell

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

2-13-1891

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.44619

## 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)

Kentucky

## 13. NAME

B. S. Robinson

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

Kentucky

## 15. MAIDEN NAME

Mary Pyles

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

Kentucky

## 17. INFORMANT (ADDRESS)

William Blackwell  
Columbia, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Moberly, Mo. DATE 9-4 1935

## 19. UNDERTAKER (ADDRESS)

Parker Furniture Co  
Columbia, Mo.

## 20. FILED

9/4/1935 Alice Selby Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-21935

## 22. I HEREBY CERTIFY, That I attended deceased from

3-9- 1935 to 9-2 1935I last saw him alive on 9-2 1935 Death is saidto have occurred on the date stated above, at 2:30 m.

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

Carcinoma of breast Date of onsetInflammatory type 4/20/35

Other contributory causes of importance:

Name of operation ho Date of hoWhat test confirmed diagnosis? Chemical Was there an autopsy? ho

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ho Date of injury ho 1935Where did injury occur? ho

(Specify city or town, county, and State)

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

Manner of injury hoNature of injury ho

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alice Selby M. D.(Address) Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

