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.

DEC 18 1935

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

Do not use this space.

35896

1. PLACE OF DEATH
County Holt — Registration District No. 372 — File No.
Township — Primary Registration District No. 4218 — Registered No. 846
City Mound City (No. ..... St. ..... Ward)

2. FULL NAME Lecty Gertrude Yous
(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John L Yous
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 1879
7. AGE: 56 YEARS — MONTHS: 1 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): 8-1-1935
11. Total time (years) spent in this occupation: always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hamburg Iowa

FATHER
13. NAME: Frank M Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Don't know~~ Unknown

MOTHER
15. MAIDEN NAME: Catherine M Monroe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Don't know~~ Unknown

17. INFORMANT (ADDRESS): John L Yous Mound City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Hope — DATE: 11/14 1935
19. UNDERTAKER (ADDRESS): [illegible] Mound City
20. FILED: Nov 13 1935 J. C. Tracy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Nov 13, 1935
I last saw her alive on Nov 13, 1935. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast with Metastases in Brain & Abdomen

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) D C Perry, M. D.
(Address) Mound City Mo