FEB 3 1933

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

Do not use this space.
Dr. Calloway
39287

1. PLACE OF DEATH

County Greene Registration District No. 318 File No.

Township Primary Registration District No. 2001 Registered No. 719.

City Springfield (No. 1400 St Louis St. Ward)

2. FULL NAME Mrs Jessie Ruth Gravelle

(a) Residence, No. 1400 St Louis St., Ward. (If nonresident, give city or town and State)
(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.

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: F. E. Gravelle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21-1880

7. AGE: 55 YEARS, 0 MONTHS, 29 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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) (STATE OR COUNTRY): Atchinson Kans

FATHER
13. NAME: Wm. R. Cardiff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Ellen Downs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): F. E. Gravelle Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Eastlawn DATE: Dec 23 1933

19. UNDERTAKER (ADDRESS): Alma Tohmeyer Springfield Mo.

20. FILED 12-23 1933 J R W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to 12/20, 1935
I last saw her alive on in June 1935. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1932

Other contributory causes of importance: Metastasis of lungs & ribs

Name of operation: Amputation of breast Date of 7/10/33
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? 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
(Signed) Guy D Calloway, M. D.
(Address) Springfield 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.