APR 24 1936

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

Do not use this space.

7307

1. PLACE OF DEATH

County Ray — Registration District No. 742 — File No.

Township Polk — Primary Registration District No. 5977a — Registered No.

City Lawson (No. ..... St. ..... Ward)

2. FULL NAME Mary Pemlia Jones

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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) (STATE OR COUNTRY) Carrollton Mo

FATHER

13. NAME G. B. Kavanaugh

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

MOTHER

15. MAIDEN NAME Molly Rea

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT (ADDRESS) Blanche Farabee Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope Ray DATE 19

19. UNDERTAKER (ADDRESS) Claude Pritchard Excelsior Springs Mo.

20. FILED Feb. 14 1936 Edwin S. House. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1935 to Feb. 13, 1936

I last saw her alive on Feb. 12, 1936 Death is said to have occurred on the date stated above, at 3:30 A.m.

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

	Date of onset
Carcinoma of left breast with metastasis to left lung	
Chronic myocarditis	

Other contributory causes of importance:

50

Name of operation Removal of left breast Date of Nov. 1935

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Peter E. Buehrer, M. D.

(Address) Lawson 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.