

APR 23 1936

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

Do not use this space.

10522

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RyanPrimary Registration District No. 1002City Ran City(No. 4140 Mrs. See St)File No. 1177Registered No. 1177

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4140 Mrs. See 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 <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Koch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 1874</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>6</u>
	Days <u>9</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home.</u>
	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) Ohio.13. NAME Silas Beason14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Sarah Roberts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT Mrs F. E. Miller
(ADDRESS) 4140 Mrs. See.18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 3-5 36
1919. UNDERTAKER BERGMAN FUNERAL HOME, INC.
(ADDRESS)20. FILED Mch 5 1936 M.M. Crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1, 1936, to March 3, 1936I last saw him alive on Feb 3, 1936, 19..... Death is saidto have occurred on the date stated above, at 11 P.M.

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

Carcinoma of left breast Date of onset 192950

Other contributory causes of importance

Melanosis of leftlung.Name of operation Breast operation Date of 1935What test confirmed diagnosis? Cytopathology 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? no

(Specify city or town, county, and State)

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

Manner of injury unknownNature of injury unknown24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Milton B. Caselalt, M. D.(Address) 1207 Kattobldg K. P. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr Careholt
43 - Broadway.