JUN 24 1936

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

Do not use this space.

20215

1. PLACE OF DEATH
County Nodaway
Township Polk
City Maryville (No. ..... St. ..... Ward)

Registration District No. 625
Primary Registration District No. 3031

File No. .....
Registered No. 65

2. FULL NAME Teresa Kill
(a) Residence, No. St. Francis Hospital 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower ~~2-27-1869~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-27-1869
7. AGE: Years 66 Months 11 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Richland Ill

FATHER
13. NAME Peter Gatty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia

MOTHER
15. MAIDEN NAME Victoria Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) A R Proctor Conception Jct Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception Mo DATE 5-28 1936
19. UNDERTAKER (ADDRESS) A R Proctor Conception Jct Mo
20. FILED 5-22 1936 Mamie E Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to May 20, 1936
I last saw h. alive on May 20, 1936 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
metastasis from breast	
to abdominal organs	

Other contributory causes of importance:

Name of operation Breast removed Date of 1933
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?
If so, specify
(Signed) J M Boyles, M. D.
(Address) Conception Junct

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.

100M-11-24-33