

JUN 6 1936

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

Do not use this space.

21215

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 1520a, Salisbury)

File No.
Registered No. **5425**
St. Ward)

2. FULL NAME

(a) Residence, No. 1520a Salisbury St., 26 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 42 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 George Dasher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
	<u>73</u>	<u>7</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Green County, Indiana

MOTHER / FATHER 13. NAME John Auet

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Indiana

15. MAIDEN NAME Anna Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Indiana

17. INFORMANT Verne Shyrock
(ADDRESS) 1520 Salisbury

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden, Mo. DATE May 24, 1936

19. UNDERTAKER Suedmeyer & Sons
(ADDRESS) 3934 N. 70th St.

20. DATE MAY 22 1936 19 36
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1936, to May 21, 1936.

I last saw her alive on May 18, 1936. Death is said

to have occurred on the date stated above, at 3 p.m.

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

Carcinoma of breast ulcerative type

Other contributory causes of importance: 50

General Metastasis of Ca.

Name of operation Date of

What test confirmed diagnosis? Chin test 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) Joseph Heasley, M. D.

(Address) 3504 N. 14th St.

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.

Joe