

Nov 17 35
57
78

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

Do not use this space.

JUN 14 1936

791

24618

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No. 1406 N Grand St., 11 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)

married

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jessie

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

Nov. 17 1878

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

57

7

—

OCCUPATION

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.

housewife

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)

Boston

FATHER

13. NAME

John Jordan

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Wm. Anderson

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mark's DATE June 19 1936

19. UNDERTAKER (ADDRESS)

Miller Bros

20. FILED JUN 19 1936

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936

22. I HEREBY CERTIFY That I attended deceased from June 2, 1936 to June 16, 1936

I last saw her alive on June 16, 1936 Death is said

to have occurred on the date stated above, at 9:00 a.m.

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

metastatic carcinoma (breast & uterine) (change) Date of onset 11/18/35

Other contributory causes of importance: 50

Name of operation Date of

What test confirmed diagnosis? clinical lab. 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? (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) Wm. B. Bailey, M. D.

(Address) 1100 N Grand

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.

16M-3-28-35

3547 Easton

Jan. 22 68

9-11 2-4

Dr. Casey. 62268.
Hr 9 to 11