

JUL 28 1936

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

Do not use this space.

25152

1. PLACE OF DEATH

County Saline Registration District No. 296
Township Marshall Primary Registration District No. 3038
City Marshall (No. 1066 S. Brunswick St. Ward)

File No. _____
Registered No. 121
St. _____ Ward _____

2. FULL NAME Florence Grace Mayer

(a) Residence, No. 1066 S. BRUNSWICK 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene G. Mayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Niobrara, Neb
Nebraska

MOTHER 13. NAME George G. Koster

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

15. MAIDEN NAME Florence D. Reid

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

17. INFORMANT (ADDRESS) Mr Eugene Mayer
Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Niobrara, Neb. DATE June 23, 1936

19. UNDERTAKER (ADDRESS) Short-McCrory
Marshall, Mo.

20. FILED June 20 1936 Helen Weston Registrar.
Marshall

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1936, to June 19 1936

I last saw him alive on June 19 1936 Death is said

to have occurred on the date stated above, at 11:50 a.m.

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

General carcinomatosis

Date of onset Nov 1935

Other contributory causes of importance: C.A. Left breast

Name of operation Op. L. Breast Date of Jan 10 1935
What test confirmed diagnosis: Micro 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) G. W. Miller M. D.
Marshall, Mo. (Address)

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.

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