

OCT 2 1936

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

Do not use this space.

33328

1. PLACE OF DEATH

County SchuylerRegistration District No. 805

Township

Primary Registration District No. 4484City Lancaster (No.)

St. Ward)

2. FULL NAME Leta Temple Graves

(a) Residence No. 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mr. Rube Graves6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe Co., Mo.

10. NAME OF FATHER

Wesley Sizemore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe Co., Mo.

12. MAIDEN NAME OF MOTHER

Ann E. Stephens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14.

INFORMANT

(Address)

Mr. Rube Graves
Lancaster, Mo.

15.

FILED

8/27, 1936 Byrdie H. Drake,
Deputy - REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1936

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 4th, 1936, to Aug 22, 1936 that I last saw her alive on Aug 22, 1936, and that death occurred, on the date stated above, at 6:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Breast
50(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Metastatic Carcinoma(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 22-35WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Pathological Sect(Signed) Carl T. Davidson, M.D., 19 (Address) Lancaster Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

J.O.O.F. CemeteryAug 24 1936

20. UNDERTAKER

ADDRESS

John A. RobertsLancaster Mo.

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.

