

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.

JAN 19 1937

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

Do not use this space.

44763

1. PLACE OF DEATH

County Jackson
Township Raw
City K 6 Mo (No. _____)

Registration District No. 309
Primary Registration District No. 1002

File No. _____
Registered No. 309
St. _____ Ward _____

2. FULL NAME

Mrs Nola Fern Getz

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Getz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-5-1894</u>		
7. AGE	YEARS <u>42</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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)
Bates Co. Mo

13. NAME
Lee Carver

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

15. MAIDEN NAME
Kate Buckley

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

17. INFORMANT
John Getz
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stapewell DATE Dec 12 1936

19. UNDERTAKER
Frank Lemert
(ADDRESS) Sumner St

20. FILED 12-11 1936 M. M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1936, to Dec 11, 1936.

I last saw him alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 1 A. m.

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

Carcinoma of liver

Primary carcinoma of left breast removed June 10, 1936

Other contributory causes of importance:

50

Date of onset

Dec. 1934

Name of operation Removal of left breast Date of June 10, 1936

What test confirmed diagnosis? Histology 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? _____

If so, specify _____

(Signed) J. A. Robinson, M. D.

(Address) Wesley Hospital, Ke. Mo

FEB 17 1954

FEB 17 1952