

JAN 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45687

1. PLACE OF DEATH

County Ozark
 Township Richland
 City Richland (No.)

Registration District No. 650
 Primary Registration District No. 5861

File No.
 Registered No.
 St. Ward

2. FULL NAME

Annie Lee House

(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

Female

4. COLOR OR RACE

White

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

Wife of Cleo S. House

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

Jan 26 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
 day, hrs. or min.

47

10

23

8. OCCUPATION OF DECEASED

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

Housekeeper

(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)

Missouri

10. NAME OF FATHER

Chris Claybrook

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Cleo S. House
Candfield

15.

FILED

Jan 9 1937
J.E. Claybrook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1936

17.

I HEREBY CERTIFY, That I attended deceased from 20 1936 to Dec 19 1936

that I last saw him alive on Oct 20 1936, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Breast

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRAINT

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1-6, 1937 (Address)

*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

Elijah Mo

20. UNDERTAKER

none

DATE OF BURIAL

Dec. 20 1936

ADDRESS

