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 23 1937

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

Do not use this space.

45848

1. PLACE OF DEATH
County: Pulaski — Registration District No.: 711 — File No.: 2
Township: Union — Primary Registration District No.: 5-940 — Registered No.: 2
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Letitia Rebecca Light

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Light

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-2-1862

7. AGE: YEARS 74 | MONTHS 7 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

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): Missouri

FATHER
13. NAME: George L. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Ellen Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Jessie Light Dixon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dixon DATE: Dec 7 1936

19. UNDERTAKER (ADDRESS): Fred N. Gilbert Dixon Mo.

20. FILED: DEC 10 1936 A S Lick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/7 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to Dec 6 1936
I last saw her alive on Oct 20 1936. Death is said to have occurred on the date stated above, at 10:30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left breast	
Other contributory causes of importance	

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam. 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) W. J. Crider, M. D.
(Address) Dixon - Mo