

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

Do not use this space.

1. PLACE OF

MAY 31 1937

78 County Remick
Township Center
City Stuber, Mo (No. St. Ward)

Registration District No.

656

Primary Registration District No.

5873

File No.

17187

Registered No.

2. FULL NAME

Mrs Ida Herman

(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 HUSBAND OF (OR) WIFE OF

J. E. Herman

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

6-7-1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45

10

28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Malden, Mo

13. NAME

Oscar Bailey

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

Texas

15. MAIDEN NAME

Ellen Wright

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

Dunklin Co.

17. INFORMANT (ADDRESS)

J. E. Herman
Stuber, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Zion

DATE 5-5-37

19. UNDERTAKER (ADDRESS)

Herman Undert Co
Stuber, Mo

20. FILED

5/10

1937

Fast Insurance

(Address)

Stuber, Mo.

MEDICAL CERTIFICATE OF DEATH

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

5-5-1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 16, 1936, to May 5, 1937

I last saw her alive on May 1, 1937. Death is said

to have occurred on the date stated above, at 11:40 m.

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

Carcinoma of breast.

Other contributory causes of importance:

50

Name of operation Removal of Breast Date of Apr '37

What test confirmed diagnosis? Biopsy 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. E. Cooper

, M. D.

(Address)

Stuber, 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.

100-100-100

JUL 31 1937

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

Do not use this space.

File No. ~~4511~~

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH

County Peru
Township Wright
City Steele, Mo (No. _____)

Registration District No. 656
Primary Registration District No. 5873

2. FULL NAME

(a) Residence, No. Steele mo 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 J. E. German

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1891

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>45</u>	<u>10</u>	<u>28</u>	

7. OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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) Mallon Mo

FATHER 13. NAME Osceola Bailey

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

MOTHER 15. MAIDEN NAME Ellen Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durbin Co.

17. INFORMANT J. E. German (ADDRESS) Steele, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 6-5-37

19. UNDERTAKER German Undertaking Co (ADDRESS) Steele, Mo

20. FILED 7-3-37 1937 Tom Berger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-37 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937, to May 5 1937
I first saw her alive on May 1 1937. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Carcinoma of Breast Date of onset _____

Other contributory causes of importance: 50

Name of operation Mamectomy Date of _____
What test confirmed diagnosis? Biopsy 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) H. E. Cooper, M. D.
(Address) Carter, Mo.

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.

5-17-87