



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Palls
Township Sauverton
City On

Registration District No. 726
Primary Registration District No. 5958

File No. 17340
Registered No. _____
St. _____ Ward)

2. FULL NAME

Aileen J. Grisham
(a) Residence, No. Sauverton Township, Palls Co. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 2 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1937 to Apr 28 1937
I last saw her alive on Apr 28 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

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 _____

Carcinoma of both breasts
multiple metastasis
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nannibal Missouri
13. NAME Hugh Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Margaret Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co. Mo.

Name of operation Exploratory Date of _____
What test confirmed diagnosis? Clin. Lab. Was there an autopsy? x

17. INFORMANT (ADDRESS) Mrs Charles Grisham R 4 2 New London
18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE Apr 30 1937

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 _____

19. UNDERTAKER (ADDRESS) Wm. M. Smith 902 S. 2nd Sauverton Mo.
20. FILED 4/29 1937 Blanche Megown Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. F. Reichmann, M. D.
(Address) 1001 Blue Hermital Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CASE BY SERIAL IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-17340