

JUN 24 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH -

County Marion
Township Marion
City Hannibal (No. 2013)

Registration District No. 547
Primary Registration District No. 3029
Gorden

File No. 20648
Registered No. 128140
St. _____ Ward _____

2. FULL NAME Rosie B. Haydon (Rosie)

(a) Residence, No. 2013 Gorden 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Reuben R. Haydon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 = 61 3 11

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

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) Osceola Iowa

13. NAME Sylvanus Kenworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME Susan Haworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT Mr. Paul Haydon
(ADDRESS) 2013 Gorden Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra Mo DATE May 5, 1937

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 902 1/2 Bury Hannibal Mo

20. FILED May 2, 1937 H. C. Fisher
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1937, to 5-2, 1937.

I last saw her alive on 5-2, 1937. Death is said

to have occurred on the date stated above, at 4:45 p.m.

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

Carcinoma of breast Date of onset 1936

Other contributory causes of importance: metastasis to axilla, lung, liver 1937

Name of operation _____ Date of _____

What test confirmed diagnosis? Chival 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) August Suedent, M. D.

(Address) Hannibal 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.

