

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

Do not use this space.

**JUN 28 1937**

21088

**1. PLACE OF DEATH**

County Wandolph  
Township.....  
City Waverly (No. 1285)

Registration District No. 73.5  
Primary Registration District No. 3034 2

File No. ....  
Registered No. 145  
St. 4 Ward)

**2. FULL NAME**

(a) Residence, No. 1285 Waverly St., 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Keen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18-1891

7. AGE YEARS 45 MONTHS 9 Days 5 If LESS than 1 day, ..... hrs. or ..... min.

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) mo.

13. NAME Claron Thomas

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

15. MAIDEN NAME Mary Smith

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

17. INFORMANT Lewis Keen (ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clifton Hill DATE May 26 - 1937

19. UNDERTAKER McClung & Son (ADDRESS) Waverly, Mo.

20. FILED May 26 1937 Ethel Bleck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 - 1937

22. I HEREBY CERTIFY That I attended deceased from May 10<sup>th</sup> 1937 to May 24<sup>th</sup> 1937

I last saw him alive on May 20<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 12:00 p. m.

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

Cancer of R. Breast (Date of onset)

Other contributory causes of importance: 60

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) M. D. Lewis, M. D.

(Address) Waverly, 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.

