

AUG 23 1937

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

Do not use this space.

27206

1. PLACE OF DEATH

County GreeneRegistration District No. 318Township 5Primary Registration District No. 2001City Springfield Mo. 333Minata

File No.

Registered No.

551

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 333 Minata 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 18877. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
49 9 27

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

Suprist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Trisco

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) Missouri13. NAME S. M. Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Failla Laddy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Miss Ralph Surgen
(ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rialla Mo DATE July 5 - 193719. UNDERTAKER Oliver L. Meyer
(ADDRESS) Springfield Mo20. FILED July 5 1937Chas. A. George

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

1923 to Jan 37I last saw h. or alive on Jan 16 35 Death is saidto have occurred on the date stated above, at 10:35 P.M.

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

Date of onset

Carcinoma of Breast 1937PrimaryOther contributory causes of importance 50Name of operation Breast amputation Date of 1937What test confirmed diagnosis? Lam 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? NoIf so, specify _____ (Signed) Robert G. Gwyn, M. D.(Address) Springfield 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.

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