

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Jasper
Township North
City Carthage (No. _____) St. _____ Ward _____

Registration District No. 408
Primary Registration District No. 5564

File No. 34483
Registered No. _____

2. FULL NAME

Nicola Luana Leys
(a) Residence, No. Route 1 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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 L. A. Leys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 8 20

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) Stazooki Missouri

13. NAME William Coates

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

15. MAIDEN NAME Ellen Ward

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

17. INFORMANT (ADDRESS) L. A. Leys Route 1, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hervey Cemetery DATE Sept 14, 1937

19. UNDERTAKER (ADDRESS) Thelma Mortuary Carthage, Mo.

20. FILED Sept 14, 1937 W.M. Howard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to Sept 11, 1937
last saw her alive on Sept 11, 1937. Death is said to have occurred on the date stated above, at 4P m.

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

Carcinoma of breast with metastasis to lungs Date of onset _____

Other contributory causes of importance: 50

Name of operation St. Breast removed Date of July 1937

What test confirmed diagnosis? lab 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 _____ 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) George H. Wood, M. D.
(Address) Carthage 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.

