

OCT 21 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. 923 Center)

Registration District No. 547
Primary Registration District No. 3019

File No. 34746
Registered No. 277
St. _____ Ward _____

2. FULL NAME

Elizabeth Gannaway Burkley

(a) Residence, No. 923 Center St. _____ Ward _____
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred C. Burkley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 12, 1871</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>1</u>	DAY <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1937

I HEREBY CERTIFY That I attended deceased from July 1, 1937 to July 14, 1937
I last saw him alive on July 14, 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of breast Date of onset not known

Other contributory causes of importance: 50

Name of operation Amputation of Breast Date of 7-3-37
What test confirmed diagnosis? Operation 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? no
If so, specify _____
(Signed) J. C. Hillman M. D.
(Address) 500 Broadway Hannibal, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Hannibal Missouri

FATHER
13. NAME Wm. R. Gannaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Paris Mo

MOTHER
15. MAIDEN NAME Emma Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Palmyra Mo

17. INFORMANT (ADDRESS)
Mr. Fred C. Burkley 923 Center Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE mt Olivet DATE Sept 16, 1937

19. UNDERTAKER (ADDRESS)
Wm. M. Smith 402 Brady St Hannibal, Mo

20. FILED 9-18-1937 A. C. Fisher Registrar

WHITE PLAINLY WITH UNFADING INK... THIS IS A PERMANENT RECORD
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.

1-38314

