NOV 24 19..

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

Do not use this space.

38902

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No.
Township Marshall — Primary Registration District No. 6039 — Registered No. 170
City (No. , St. Ward)

2. FULL NAME Annie Elizabeth Gauldin
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 John A Gauldin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 - 1856
7. AGE Years 81 Months 5 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Saline County Mo

FATHER
13. NAME Thomas Pope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Ellen E Logan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Wilson Gauldin Slater Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE 10-14 1937
19. UNDERTAKER (ADDRESS) Hill Brothers Slater Mo
20. FILED 10-14 1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1937, to Oct 12, 1937
I last saw her alive on Sept 20, 1937 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma both breasts with general metastasis	1934

Other contributory causes of importance: no

50

Name of operation no Date of —
What test confirmed diagnosis? clinical 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? no
If so, specify
(Signed) [signature], M. D.
(Address) Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.