

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

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City _____ (No. _____)

Registration District No. 796
Primary Registration District No. 6039

File No. 38904
Registered No. 179
St. _____ Ward _____

2. FULL NAME Missouri Jones

(a) Residence, No. Saline County Home 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Oct 2, 1937, to Oct 29, 1937

I last saw her alive on Oct 28, 19____. Death is said to have occurred on the date stated above, at 10 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1887

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>✓</u>	<u>50</u>	<u>8</u>	<u>19</u>	

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Carcinoma of Breast

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

MOTHER / FATHER 13. NAME John Bassitt
14. BIRTHPLACE (CITY OR TOWN) Monroe County
(STATE OR COUNTRY) Missouri

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)

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Jerry Bassitt
(ADDRESS) Marshall, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cov Creek Cem. DATE Oct. 30, 1937

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER T. M. Campbell
(ADDRESS) Marshall, Mo.

If so, specify _____
(Signed) Dr. J. H. Lawrence, M. D.

20. FILED 10-29-37 Mary Kent
Deputy Registrar.

(Address) Marshall Mo.

