

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

Do not use this space.

1458

**1. PLACE OF DEATH**

County Jackson  
Township 1st  
City J. C. Mo. No. General Hosp. #2

Registration District No. 399  
Primary Registration District No. 1097

File No. 146  
Registered No. 328

**2. FULL NAME**

(a) Residence, No. 2215 Montzara St. 5/10 Ward.

(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/25/1892  
7. AGE YEARS 45 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hairstresser  
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) Texas

13. NAME George Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

15. MAIDEN NAME Ballie Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, REMOVAL, OR REMOVAL PLACE Andmore okla 1/11/38

19. UNDERTAKER (ADDRESS) H. B. Moore 1920 E. 15th St.

20. FILED Jan 11 1938 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to 1-10, 1938  
I last saw her alive on 1-10, 1938. Death is said to have occurred on the date stated above, at 1:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Primary Carcinoma of Breast 50 with Generalized Metastasis  
Date of onset

Name of operation Clinical Date of No  
What test confirmed diagnosis Clinical 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) G. O. Brown, M.D.  
(Address) General Hosp. #2

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.

MAY 12 1948

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FEB 17 1937

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M.O. STATE BOARD OF HEALTH