

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

Do not use this space.

REC'D APR 23 1938

12430

1. PLACE OF DEATH

County *Worthen*Registration District No. *896*

File No.

Township

Primary Registration District No. *7542*Registered No. *13*

City

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

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

James MacAvey

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

Jan. 13, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*79**2**26*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At 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)

March, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Worthen Co Mo.

FATHER

13. NAME

Valentine Garner

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Idem

MOTHER

15. MAIDEN NAME

Rebecca Shields

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Idem

17. INFORMANT (ADDRESS)

*Geo W Garner
Worthen Co Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marshfield

DATE

Mar 31

1938

19. UNDERTAKER (ADDRESS)

*McMahon Funeral Service
Marshfield Mo*

20. FILED

Mar 31

1938

Elizabeth Hoff

Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from

*October 17, 1929, to March 29, 1938*I last saw her alive on *March 28, 1938*. Death is saidto have occurred on the date stated above, at *2 P.m.*

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

*Carcinoma of the Breast, right with metastases to lungs & abdomen.*Date of onset *2.1929*Other contributory causes of importance: *50'*

Name of operation

*Rt. Breast Amput.*Date of *1938*

What test confirmed diagnosis?

*Biopsy*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) *C.P. Macdonald*

M. D.

(Address) *Marshfield, Mo.*

