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.

REC'D MAY 17 1938

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

Do not use this space.

15669

1. PLACE OF DEATH
County Gay
Township Oak
City Lawson (No. ..... St. ..... Ward)

Registration District No. 742
Primary Registration District No. 5977a

File No. .....
Registered No. .....

2. FULL NAME Mrs Lyda Parrack 520

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10-1874

7. AGE YEARS 63 MONTHS 8 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) NY

FATHER
13. NAME David Moore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY

MOTHER
15. MAIDEN NAME Jane Brockway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) Lawrence Parrack LAWSON MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmira Mo DATE Apr 11 1938

19. UNDERTAKER (ADDRESS) J M Ward Lawson Mo

20. FILED Apr. 11, 1938 Edwin Shouse, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 10, 1938
I last saw her alive on April 10, 1938 Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast with metastasis to lungs

Date of onset

Other contributory causes of importance: 50

Name of operation ..... Date of .....
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) Cletus E Buehrer, M. D.
(Address) Lawson Mo

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