

REC'D JUN 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St. Joseph (No. 2319 Faraon Street) File No. 17725  
 Registered No. 500

## 2. FULL NAME

Mrs. Florence Elfred Hoblitzell 143

(a) Residence, No. 2319 Faraon St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 -- W. H. Hoblitzell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 4 17

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

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) Saint Joseph, Missouri  
 (STATE OR COUNTRY)

13. NAME Thomas H. Elfred

14. BIRTHPLACE (CITY OR TOWN) New York City, New York  
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary C. Stillman

16. BIRTHPLACE (CITY OR TOWN) Weatherfill, Connecticut  
 (STATE OR COUNTRY)

17. INFORMANT Mrs. B. F. Johnson,  
 (ADDRESS) 2319 Faraon Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cemetery May 7 38

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME  
 (ADDRESS) 602 South 10th Street

20. FILED May 6, 1938 H. J. Nuttall Registrar. 8.5

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Viewed  
May 6th, 1938 to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 10 A. m.

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

Carcinoma of right breast

Date of onset

?

Other contributory causes of importance:

none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis History 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) B. W. Tadlock Coroner 1 M. D.

(Address) ing Hill Bldg,

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.

1116