

NOV 15 1938

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

18474
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 403
 (b) Township Brookline Primary Registration District No. 557 Registered No. _____
 (c) City KANSAS CITY, MO. (d) Street No. 7175 E. 47th - WOODHAKEN St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mattie L. Goldrick 43 1/2
 (a) Residence, No. Cameron, Missouri St. CAMERON, MO.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>37</u>	<u>9</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 5-16-37 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

FATHER
 13. NAME James Whitaker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Mary C Graham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Francis Goldrick
 (ADDRESS) Cameron, Missouri

18. BURIAL ~~CAMERON, MO. REMOVAL~~
 PLACE Cameron, Mo. DATE May 17, 1938

19. FUNERAL DIRECTOR (NAME) First Order
 (ADDRESS) 1111 N. 7th

20. FILED 5-18 1938 McNabank
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him alive on May 16, 1938 death is said to have occurred at the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:
Carcinoma of right breast with extensive multiple metastasis

Date of onset _____

Other contributory causes of importance: 50

Name of operation 225 Date of _____
 What test confirmed diagnosis? AUTOPSY Was there an autopsy? Yes

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) [Signature] _____, M. D.
 (Address) San Diego, K.C. Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.