

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township MOSON
City Hannibal

Registration District No. 547
Primary Registration District No. 3079
(No. Levering Hospital)

File No. 18836
Registered No. 152
St. _____ Ward _____

2. FULL NAME Georanna Harding

(a) Residence, No. 2010 Market St. _____ Ward _____
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1876

22. I HEREBY CERTIFY that I attended deceased from Feb 27, 1937, to May 13, 1938.
I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 2:20 pm.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 18

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

Metastatic Carcinoma Date of onset _____

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. Own Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Carcinoma - Breast

12. BIRTHPLACE (CITY OR TOWN) Pike County (STATE OR COUNTRY) Missouri

Name of operation Radical Breast Date of Feb 27 1937
What test confirmed diagnosis? Path Was there an autopsy? Yes

13. NAME George W. Poore

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.

14. BIRTHPLACE (CITY OR TOWN) Dover (STATE OR COUNTRY) Delaware

15. MAIDEN NAME Mary E. Canterbury

16. BIRTHPLACE (CITY OR TOWN) Greenup Co (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Raymond Wilter (ADDRESS) 1423 Paris Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand view Burial May 15, 1938

19. UNDERTAKER Wm. W. Smith (ADDRESS) 902 Broadway

20. FILED May 17 1938 Registrar W. C. G. Cohen

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. J. Savage, M. D.
(Address) Hannibal Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

K. W. Howard

