

REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21311

Do not use this space.

1. PLACE OF DEATH

(a) County

(b) Township

(c) City

(e) Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

Registered No.

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth?

2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

6/30/1938

Allie Selby

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

June 19, 1928, to June 29, 1928

I last saw her alive on June 29, 1928. Death is said

to have occurred on the date stated above, at 1:05 P.M.

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

Generalized Carcinoma of the breast primary in the breast

Other contributory causes of importance:

Chronic Myocarditis June 1928

Name of operation Radical breast

Date of 1928

What test confirmed diagnosis? Marginal

Is there an autopsy? No

23. If death was due to external cause (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) James M. Carter, M.D.

(Address) Boone County Hospital

STATEMENT BY LICENSED EMBALMER

I, W H VanderVenter, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

W H VanderVenter

Licensed Embalmer No. 2494

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.)