

REC'D JUL 15 1938

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

22034

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Be... Primary Registration District No. 3019  
(c) City Independence (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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.

Registered No. 172

## 2. PRINT FULL NAME

(a) Residence, No. 416 N. Liberty St.  (If nonresident, give city or town and State) 650  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 11 37

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeping  
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 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo. Jackson Co.

FATHER 13. NAME Michael Tierney 5  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Honoria Gardner  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary Tierney 416 N. Liberty Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys June 6 DATE June 6 1938

19. FUNERAL DIRECTOR (ADDRESS) J. E. Mitchell Independence Mo.

20. FILED 6-14-38 1938 F. L. Cook Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 1933, 1933, to June 4, 1938

I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

General carcinoma Date of onset 1937

Other contributory causes of importance: Carcinoma Breast 1933

Name of operation Radical Breast Date of 1933  
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  1938

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) J. G. Hickenor, M. D.36@ (Address) Independence Mo

STATEMENT BY LICENSED EMBALMER

I, Henry S. Mitchell, Licensed Embalmer No. 3925  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Henry S. Mitchell  
Licensed Embalmer No. 3925

**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.)**