REC'D SEP 21 1939

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

Do not use this space.

29851

1. PLACE OF DEATH

County Ray — Registration District No. 740 — File No. 9

89 Township Crooked River — Primary Registration District No. 5972 — Registered No.

City Richmond (No. , Rural Route #2 St. Ward)

2. FULL NAME McCormick, Etna 265

(a) Residence, No. 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

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) 7/20/1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48		0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Father's Housekpr.
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) 8-1939
11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Mo. O

FATHER

13. NAME J. P. McCormick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Groove, Lanchester County, Penn.

MOTHER

15. MAIDEN NAME Etna Anna Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bond County Illinois

17. INFORMANT (ADDRESS) J. P. McCormick Richmond, Mo.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ and Burial Richmond Cemetary
PLACE Richmond DATE 8/11/38, 19

19. UNDERTAKER (ADDRESS) John W. Knipschild Hardin, Mo.

20. FILED Aug. 9, 1938 R. L. Willeford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1937, 19, to Aug 8, 1938

I last saw her alive on Aug 6, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

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

Date of onset

Multiple Metastasis
Carcinoma of left breast

Other contributory causes of importance:

Generalized Carcinoma

Name of operation Date of

What test confirmed diagnosis? Clinic 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) E. C. Lay M. D.

(Address) Richmond Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/19/38