

DEC'D OCT 19 1938

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

**31840**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Callaway Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008  
 (c) City Fulton (d) Street No. Cancer Hosp. # 1 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. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Julia Johnson 525 St.   
Sebetts, 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1879  
 7. AGE YEARS 59 MONTHS \_\_\_\_\_ DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Missouri

FATHER 13. NAME Charles Keylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Margaret Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Records Cancer Hospital  
Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sebetts, Mo. DATE Sept 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray G. Galt  
New Bloomfield

20. FILED Sept 4, 1938 R. N. Crews Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1938 to Sept 4, 1938.  
 I last saw her alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 5:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Breast Date of onset 1937  
50 W

Other contributory causes of importance: Chronic Myocarditis D.K.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) J. S. Goph, M. D.  
 (Address) Fulton, Mo.

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**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, .....

*Ray A Holt*

....., or by .....

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

Signed.....

*Ray A Holt*

Licensed Embalmer No. *2605*

P. O. Address *New Bloomfield*

**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.**