WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D DEC 16 1938

1. PLACE OF DEATH
County Marion 2 Registration District No. 547
Township Miller 1 Primary Registration District No. 3079
City R.F.D. Palmyra (No. R.F.D. Palmyra 5739 St. — Ward)

File No. 39796
Registered No. 298

2. FULL NAME Rose E. Wagner
(a) Residence, No. R.F.D. Palmyra 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March. 25. 1885

7. AGE: YEARS 53 MONTHS 7 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO 0

FATHER
13. NAME: James M. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa 1

MOTHER
15. MAIDEN NAME: Arzellia Perkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

17. INFORMANT (ADDRESS): Dan. H. Wagner R2 H. Palmyra MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview Burial Park DATE 11-4-1938

19. UNDERTAKER (ADDRESS): James A. Donnell Hannibal MO

20. FILED Nov 16, 1938 W. C. Fisher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): NOV. 4-, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to Nov 4, 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:05 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma | 1935 |
| Primary Seat of cancer in Breast. | |

Other contributory causes of importance: General malignancy

Name of operation: Breast amputation Date of: —
What test confirmed diagnosis? Gral Surgeon Was there an autopsy?

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?
If so, specify
(Signed) A. L. Shaw, M. D.
(Address) Hannibal MO