

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 FEB 21 1939

1907

1. PLACE OF DEATH

County Canoe Registration District No. 130
Township..... Primary Registration District No. 4077
City Hale (No. 620) St. Ward.....

2. FULL NAME

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 16

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

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.

13. NAME Thomas Pasarek

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

15. MAIDEN NAME Ann Dromachy

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

17. INFORMANT (ADDRESS) Thomas Pasarek
Hale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Cemetery DATE Jan 28, 1939

19. UNDERTAKER (ADDRESS) Frank Blister
Hale Mo.

20. FILED Jan 28, 1939 W.P. Kearney Registrar. 132

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1939

22. I HEREBY CERTIFY that I attended deceased from Nov 1, 1938 to Jan 27, 1939

I last saw her alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 50 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast Date of onset (?)

Other contributory causes of importance: 50

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? no
If so, specify.....

(Signed) W.P. Kearney, M. D.
(Address) Hale Mo.

RECEIVED
District Health Officer No. 8,
District File Number 47139
Date Filed 11/13/39