

REC'D FEB 25 1939

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

3318  
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620  
(b) Township \_\_\_\_\_ Primary Registration District No. 3031  
(c) City Maryville (d) Street No. 215 West 3rd St Registered No. 8  
(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.

2. PRINT FULL NAME 616 Bertha Heryford

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Jm. B. Heryford  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1880  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 4 11  
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) Shasta, Cal.  
(STATE OR COUNTRY)

FATHER 13. NAME E.E. Rawlings  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah J. Fitzwater  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

17. INFORMANT Dr. W.B. Heryford  
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cak Hill DATE Jan. 19, 39

19. FUNERAL DIRECTOR (NAME) Price Funeral Home  
(ADDRESS) Maryville, Mo.

20. FILED Jan 19 1939 Maries E. Clardy  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1939  
22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1939 to Jan 17, 1939  
I last saw her alive on Jan 16, 1939 Death is said to have occurred on the (date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:  
Metastatic Carcinoma of Breast from an old Carcinoma of Rt. Breast Date of onset \_\_\_\_\_

Other contributory causes of importance: 50

Name of operation Clinical Laboratory 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) Chas T Bell, M. D.  
556 (Address) Maryville, Mo.

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.

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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,

*John W. Price*

or by

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

Signed

*John W. Price*

Licensed Embalmer No. 3229

P. O. Address \_\_\_\_\_

**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.**