

Robt Baker

JUN 21 1939

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

18016  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3006  
 (c) City Columbia (d) Street No. 406 S 9th St Registered No. 120  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME PEARL O. Wade GIVAN  
 (a) Residence, No. 406 S 9th St 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 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 Morris B Givan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
31 4 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Kansas City, Mo.

FATHER  
 13. NAME Allen F. Wade  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

MOTHER  
 15. MAIDEN NAME Hamie Ann Bolter  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

17. INFORMANT (ADDRESS) Morris B Givan  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE June 6<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. O. Willett  
Columbia, Mo.

20. FILED 6/6/39 Allee Selby  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March 28 1938 to June 4 1939  
 I last saw her alive on June 4 1939 Death is said to have occurred on the date stated above, at 9:0 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Breast  
general carcinoma  
 Date of onset 7-5-38

Other contributory causes of importance: 50

Name of operation Radical Breast Date of Feb 1938  
 What test confirmed diagnosis? 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) James M. Baker M. D.  
 (Address) Columbia, Mo.

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

K. 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.

**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, ~~or by~~ Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

L. M. H. Sprinkle  
Licensed Embalmer No. 4013

P. O. Address Columbia, Mo

**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.**