

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

6550 JUL 14 1939

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

21434
Do not use this space.

1. PLACE OF DEATH

(a) County Judson County Registration District No. 26
(b) Township S. R. 10 Primary Registration District No. 3002
(c) City Mexico Mo (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

450 Mrs. Madine Doolin
(a) Residence, No. Palma Mo. 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 James S. Doolin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1893
7. AGE YEARS 55 MONTHS 6 mo DAYS 21 If LESS than 1 day, hrs. or min.
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. at home
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) Bond, Green Mo
Ike Ia.

FATHER 13. NAME Thomas Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ike Ia, Mo.

MOTHER 15. MAIDEN NAME Sallie Hooten

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

17. INFORMANT (ADDRESS) Husband + 2 daughters
Wesley Kammeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Bond, Green Mo DATE June 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Green Bondhead
Bond, Green Mo

20. FILED June 10 1939 Blanche Neely
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1939, to June 10 1939
I last saw her alive on June 10 1939. Death is said to have occurred on the date stated above, at 5:25 PM

The principal cause of death and related causes of importance were as follows:
Carcinoma of breast right with metastasis into chest
Date of onset _____

Other contributory causes of importance: 50

Name of operation Breast amputation Date of Feb 1939
What test confirmed diagnosis path findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. B. Shear, M. D.
Mexico Mo
23 (Address)

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.

442

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

RECEIVED

District Health Officer No. 10

District File Number 7-39-1202

Date Filed JUL 10 1939

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,

Grace Bankhead

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.