

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

Do not use this space.

RECD JUL 19 1939

23514

1. PLACE OF DEATH

110 County *Washington* Registration District No. *886*
Township *Concord* Primary Registration District No. *6178*
City (No. St. Ward)

2. FULL NAME

450 *Mary Blum* St. Ward.
(a) Residence, No. (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*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 18 1863*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-28 1939*
22. I HEREBY CERTIFY, That I attended deceased from *5-20*, 1939, to *6-28*, 1939
I last saw her alive on *6-25*, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of breast Date of onset
50
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
13. NAME *Martin Stutz*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
15. MAIDEN NAME *Rosie Speidel*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*
17. INFORMANT *Adolf Blum*
(ADDRESS) *Speidel Route 161*
18. BURIAL, CREMATION OR REMOVAL
PLACE *Big River* DATE *July 1 1939*
19. UNDERTAKER *J. P. Yeagan*
(ADDRESS) *Leadwood Mo.*
20. FILED *8-29* Registrar *J. P. Yeagan*

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
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) *J. P. Yeagan* M. D.
Speidel, Mo. (Address) *809*

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.

