

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.

25964

1. PLACE OF DEATH

County RandolphRegistration District No. 735Township ProvelyPrimary Registration District No. 3034City Bedford(No. 127)

File No.

Registered No. 146

St. Ward)

2. FULL NAME

(a) Residence, No. 127 Bedford St., Bedford 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>K.C. Goodnight</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 7 1867</u>		
7. AGE <u>63</u>	YEARS <u>8</u>	MONTHS <u>10</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		
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) <u>Mo</u>	
MOTHER FATHER	13. NAME <u>William James</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Nancy Perry</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT (ADDRESS) <u>William James</u> <u>Provely Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Provely</u> DATE <u>July 15 1931</u>	
19. UNDERTAKER (ADDRESS) <u>Mahon and Son</u> <u>Provely Mo</u>	
20. FILED <u>July 18 1931</u> <u>Thos. J. Fleming</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 17 1931</u>
22. I HEREBY CERTIFY That I attended deceased from 19 <u>30</u> , to <u>July 17 1931</u> I last saw him alive on <u>July 17 1931</u> . Death is said to have occurred on the date stated above, at <u>7:15 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Carcinoma of left breast</u> <u>50</u> Other contributory causes of importance: <u>50</u>
Name of operation <u>Removal of Breast</u> Date of <u>1929</u> What test confirmed diagnosis? <u>Was there an autopsy?</u>

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>19</u> Where did injury occur? <u>(Specify city or town, county, and State)</u> 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 <u>M. D.</u> (Signed) <u>M. D.</u> (Address) <u>Mo</u>

