

REC'D JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Locust Creek
City (No.) St. Ward)

Registration District No. 301
Primary Registration District No. 3666

File No. 22582
Registered No.

2. FULL NAME

610 Dollie May Harvey

(a) Residence, No. St. 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 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 Fon T. Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Feb'y 1939 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Harrison County
(STATE OR COUNTRY) Missouri

13. NAME Roderick Craig

14. BIRTHPLACE (CITY OR TOWN) Saline
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Melvina Moreland

16. BIRTHPLACE (CITY OR TOWN) Brown County
(STATE OR COUNTRY) Ohio

17. INFORMANT Fon T. Harvey
(ADDRESS) Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede Cemetery DATE 6/20/1939

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri

20. FILED 7-8 1939 Tara Maud T. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY That I attended deceased from

Jan, 1939, to June 19, 1939

I saw her alive on June 16, 1939. Death is said

to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of breast Date of onset Oct 35

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis? Biopsy 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) J. S. Linn, M. D.

(Address) Linneus, 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.

REIVED

District Health Officer No. 117

District File Number 739 880

Date Filed JUL 13 1939