

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Parisian City (No. 1002)

Registration District No. 5
Primary Registration District No. 10

File No. 1364
Registered No. 407 (Ward)

2. FULL NAME

(a) Residence, No. 1002 Greenway Terrace St. 8 Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Miner D.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>4</u>	<u>19</u>	

OCCUPATION 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. None

10. Date deceased last worked at this occupation (month and year) 6/2/32

11. Total time (years) spent in this occupation. 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Illinois

MOTHER 13. NAME Marion Nicholas

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

15. MAIDEN NAME Nancy Davis

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

17. INFORMANT Marion S Woodling

18. BURIAL CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-1-32

19. UNDER TAKER (ADDRESS) Ad Newcome's Sons, 2111 E 9th Street, N.C. MO

20. FILED 2/1 1932 M. M. Car Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Jan 30, 1932. I last saw her alive on Jan 30, 1932. Death is said to have occurred on the date stated above, at 2:35 P.M.

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

Carcinoma of Breast
Primary - Left Breast
Toxemia
Date of onset 1930

Name of operation Symptom Date of 1925
What test confirmed diagnosis? Symptom 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 no, 19no. 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 (D)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. O. Donaldson M.D. (Address) 714 Chamber Alley

