

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.

JAN 26 1934

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

Do not use this space.

~~100~~  
40011  
4808

1. PLACE OF DEATH

County Jackson Registration District No. 300  
Township Haw Primary Registration District No. 000  
City H. C. Mo (No. 414 So. Lumbardale) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4808

2. FULL NAME

Mary Ann McEntire  
(a) Residence, No. 414 S. Lumbardale 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) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1855  
7. AGE YEARS 78 MONTHS 1 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME John Goodman

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

15. MAIDEN NAME Kester Mc Gatt

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

17. INFORMANT Mrs. D. C. Taylor  
(ADDRESS) 414 So. Lumbardale

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE Dec. 8 - 1933

19. UNDERTAKER Mrs. L. L. Foster  
(ADDRESS) 718 S. Wakeley, H. C. Mo

20. FILED 12-8 1933 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 - 1933 to Dec 7 - 1933

Last saw him alive on Dec 6 - 1933 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Carcinoma of the Bladder Date of case? Nov 7-33  
Chronic Myocarditis Nov 7-33

Name of operation Fulguration of Growth Date of \_\_\_\_\_  
What test confirmed diagnosis? Cytopath. 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 Nov 7 - 1933

Where did injury occur Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) H. H. Anderson M. D.  
(Address) 802 S. Lumbardale

Dec 26 1933

805 Elmwood