

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

Do not use this space.

**1. PLACE OF DEATH**

County Greene Registration District No. 317  
 Township Willcox Primary Registration District No. 5442  
 City Buttfield, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12512-A  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Buttfield, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 59 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>B</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>George Masley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4 1874</u>		
7. AGE YEARS <u>59</u>	MONTHS	DAYS
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>West Woman</u>	11. Total time (years) spent in this occupation
	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)	

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

MOTHER FATHER 13. NAME James Garfield

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

15. MAIDEN NAME James McNamee

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

17. INFORMANT (ADDRESS)  
Ida Jones

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buttfield DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)  
Edward W. G. F.

20. FILED July 12, 1934 Mrs. Bertha Nance Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY That I attended deceased from Aug, 1932, to April 14, 1934

I last saw her alive on April 10, 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Generalized Carcinomatosis  
50  
59E  
5-0  
Primary Cancer of left Breast  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Lab. Section 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? h

If so, specify \_\_\_\_\_

(Signed) Arthur Williams, M. D.

(Address) Springfield, Mo.

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.

AUG 3 1934

