

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

AUG 23 1935

Do not use this space.

17199-811

1. PLACE OF DEATH

County *Harrison*
Township *Waller*
City *Delato*

50

Registration District No. *420*
Primary Registration District No. *3022*

File No.
Registered No. *3743*
St. Ward

2. FULL NAME

(a) Residence, No. *Delato, Mo. R 2* St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *3* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ernest Cape*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 6*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 2 19

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) *Salem Mo*

13. NAME *Alex Black*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reynolds Co Mo*

15. MAIDEN NAME *Frances White*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Reynolds Co Mo*

17. INFORMANT (ADDRESS) *P. J. Staffelbach Delato, Mo. R 2*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Triner Cemetery* DATE *May 28, 1935*

19. UNDERTAKER (ADDRESS) *Donnell B. Diehrich Delato, Mo*

20. FILED *3/25* 19*34* *W. J. Jones* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 25, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 1st, 1934, to May 25th, 1934*
I last saw him alive on *May 21, 1934*. Death is said to have occurred on the date stated above, at *11:15 a. m.*
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breasts
50
Date of onset *1932*

Other contributory causes of importance:

Barnes Skirt Cancer Hosp
Name of operation *Removal of R Breast* Date of *Oct. 1933*
What test confirmed diagnosis? Was there an autopsy?

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) *F. A. Elders*, M. D.
(Address) *Dr. Delato Mo.*

