REC'D APR 24 1939

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

Do not use this space.

File No. 9841

Registered No. 55

1. PLACE OF DEATH
County: Adair
Township:
City: Kirksville (No. , St. Ward)
Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME: Lydia M. Garwood
(a) Residence, No. 409 W. Pierce St., 3 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anza A. Garwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 20 - 1882

7. AGE: Years 56 | Months 0 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
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): July 1910
11. Total time (years) spent in this occupation: 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Missouri

FATHER
13. NAME: A. C. Scobee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co Missouri

MOTHER
15. MAIDEN NAME: Sarah Jane Clarkson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT: Anza A. Garwood
(ADDRESS) 409 W. Pierce St. Kirksville

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Highland Park DATE: March 5 1939

19. UNDERTAKER: Duffiley Funeral Home
(ADDRESS) Kirksville Mo

20. FILED: Mar. 6, 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Mar 3, 1939.
I last saw her alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the Breast — Date of onset
Carcinoma
5D

Other contributory causes of importance:
Metastasis - Lungs

Name of operation: Removal Breast Date of: Feb 1938
What test confirmed diagnosis? yes 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?
If so, specify
(Signed) R. D. Stickler, M. D.
(Address) Kirksville 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.

50M-10-22-38 I X9314

RECEIVED
District Health Officer No. 10
District File Number 10-39-579
Date Filed APR 11 1939