

AUG 10 1939

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

24915

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boonville Registration District No. 26  
(b) Township South River Primary Registration District No. 3002  
(c) City Mexico Mo. (d) Street No. 309 - Woodlawn St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 309 Woodlawn St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W. G. Watkins  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 - 1896  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 10 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Richmond  
(STATE OR COUNTRY) Va.

13. NAME A. K. Yancey 1

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

15. MAIDEN NAME Raygene Watkins

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

17. INFORMANT W. G. Watkins  
(ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mexico Mo. DATE Aug. 14, 1939

19. FUNERAL DIRECTOR (NAME) Mrs. Phillips Mrs.  
(ADDRESS) Mexico Mo.

20. FILED Aug 2, 1939 Blanche Neely  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939

22. I HEREBY CERTIFY That I attended deceased from December 1938, to July 31, 1939

I last saw her alive on July 31, 1939, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.

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

Summer of 1938 began  
Scirr. carcinoma of left breast  
with general metastasis  
(met. Lung & etc.)

Date of onset

Other contributory causes of importance: 50

Name of operation Radical Breast Date of Dec 29, 1938

What test confirmed diagnosis? Chemical 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? No

If so, specify —

(Signed) A. R. Rhodes, M. D.

(Address) Mexico Mo.

RECEIVED

District Health Officer No. 10

District File Number 8-34114/3

Date Filed AUG 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Roy McPherson - M. & Phelan*

Licensed Embalmer No. 1133

P. O. Address Mexico Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.