

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

30494
Do not use this space.

REC'D SEP 14 1939

1. PLACE OF DEATH
 (a) County Wright Registration District No. 908
 (b) Township..... Primary Registration District No. 4549 Registered No. 39
 (c) City Mtn. Grove (d) Street No..... 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 12 yrs. 5 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Sophia Elizabeth Gearing
 (a) Residence, No. 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 OR (OR) WIFE OF Levie Janson Gearing
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24-1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 10 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) (STATE OR COUNTRY) Alabama

FATHER 13. NAME John H. Long

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

MOTHER 15. MAIDEN NAME Frances Angles

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

17. INFORMANT (ADDRESS) Nell Gearing

18. BURIAL, CREMATION, OR REMOVAL PLACE COLD WATER DATE Aug 2-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R.W. Barber
Mtn. Grove, Mo. 631

20. FILED 8-26-39 Bessie Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1-1939

22. I HEREBY CERTIFY, That I attended deceased from view of the body 19... to the body 19...
 I last saw h... on... 19... Death is said to have occurred on the date stated above, at... m.

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

Carcinoma of the breast
43

Other contributory causes of importance:

Name of operation clinical Date of...
 What test confirmed diagnosis? clinical 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?.....
 If so, specify.....

(Signed) R.A. Ryan M. D.
Mtn. Grove (Address)

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.

1 X14028

RECEIVED

District Health Officer No. 6,

District File Number 939-1866

Date Filed SEP 11 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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Wt. Home WYO.

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.