

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township Walker
City California (No.)

Registration District No. 571
Primary Registration District No. 4335

File No. 5788
Registered No. 9
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2, 1894</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>5</u>	DAYS <u>19</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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) Moniteau13. NAME Hill Heather14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau15. MAIDEN NAME Marilda Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co17. INFORMANT Joe Heather
(ADDRESS) California Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilo Hill DATE 2/22 193419. UNDERTAKER William & Fred Meyer
(ADDRESS) California Mo20. FILED 2-22- 1934 J. H. R. Pappay
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 193422. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1934, to Feb 21, 1934I last saw him alive on Feb 21, 1934. Death is saidto have occurred on the date stated above, at 4:15 a.m.

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

Carcinoma of leftbreast.5914 1830

Other contributory causes of importance:

Probable internalinvolvement. (Carcinomaof pleura)Name of operation Amputation breast Date of Feb 20, 34What test confirmed diagnosis? Cytopan 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) D. L. Latham, M. D.(Address) California 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.

