

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

Do not use this space.

38680

1. PLACE OF DEATH

County Ray
Township Polk
City (No.)

Registration District No. 742
Primary Registration District No. 5977a

File No. _____
Registered No. _____
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. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Raymond Miller</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 - 1908</u> | | |
| 7. AGE YEARS <u>23</u> MONTHS <u>4</u> DAYS <u>1</u> | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telephone Operator</u> | |
| | 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) <u>July 21 - 1931</u> | |
| 11. Total time (years) spent in this occupation <u>4 yr. 8 mo</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Mo</u> | | |
| FATHER | 13. NAME <u>James Preston Denton</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u> | |
| | 15. MAIDEN NAME <u>Natie May Woodroof</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Mo</u> | |
| MOTHER | 17. INFORMANT <u>Natie May Denton</u> (ADDRESS) <u>Excelsior Springs, Mo.</u> | |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown Hill</u> DATE <u>Nov 27 1931</u> | |
| | 19. UNDERTAKER <u>Herbert Hape</u> (ADDRESS) <u>Excelsior Springs, Mo.</u> | |
| | 20. FILED <u>Dec 1 1931</u> <u>Edwin Shuman</u> Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931 to Nov 25 1931
I last saw her alive on Nov 25 1931. Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:
Lymphosarcoma breast with metastasis
59E
Other contributory causes of importance: _____
Name of operation None Date of July
What test confirmed diagnosis? Biopsy 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) Oletus E. Buelmer, M. D.
(Address) Laurson Missouri

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