

AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County MoniteauRegistration District No. 571Township CaliforniaPrimary Registration District No. 4335City California (No. 32)St. Mo. Ward 32

2. FULL NAME

Ollie Francis Christian(a) Residence, No. 32St. Mo.Ward 32

(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

Female

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Leonard Christian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 31 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54626

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home work

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Clean mo miller co.

13. NAME

Gilbert F. Balance

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

Clean mo miller co.

15. MAIDEN NAME

Dollie Enloe

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

Clean mo miller co.

17. INFORMANT (ADDRESS)

Arthenia Russell California mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE July 29, 1937

19. UNDERTAKER (ADDRESS)

L. D. Hardman Jefferson city mo

20. FILED

7-29-37

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 27, 1937

22. I HEREBY CERTIFY That I attended deceased from

Jan. 20, 1936, to July 27, 1937I last saw her alive on July 27, 1937 Death is saidto have occurred on the date stated above, at California.

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

Carcinoma of right breast.

Date of onset

Other contributory causes of importance:

50Name of operation Amputation breast Date of July 27, 1937What 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) L. L. Latham, M. D.(Address) California mo

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.

Handwritten signature or text, possibly "Handwritten signature" or "Handwritten text".