

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

Do not use this space.

14455

1. PLACE OF DEATH
 County Randolph Registration District No. 733
 Township..... Primary Registration District No. 4438
 City Huntsville (No.) St. Ward

2. FULL NAME Mary Biscoe
 (a) Residence. No. St. Ward.
 (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.

File No.
 Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5 1947

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 4 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1978
 17. I HEREBY CERTIFY That I attended deceased from April 22 1978, to April 22 1978, and that I last saw him alive on April 22 1978, and that death occurred, on the date stated above, at 11 a

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aboplin

CONTRIBUTORY (SECONDARY) 7401
 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Arnon Caton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. A. Gorman, M. D.
 , 19 (Address) Huntsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Ead Biscoe
 (Address) Huntsville

15. May 23 1978 G. G. Pragg
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest View DATE OF BURIAL April 23
 20. UNDERTAKER Tom Patton ADDRESS Huntsville

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.

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