

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

Do not use this space.

1. PLACE OF DEATH

69 County Monroe
Township Monroe
City Madison (No. St. Ward)

Registration District No. 579
Primary Registration District No. 5776

File No. 1852
Registered No.

2. FULL NAME

Mary Evaline Palmer

(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.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herb Palmer</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/11/1867</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>	DAYS <u>X</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
	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) <u>Monroe Co - mo</u>			
FATHER	13. NAME <u>Cliff Wader</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth Overfelt</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. mo.</u>		
17. INFORMANT <u>Mrs. Fred Berkeley</u> (ADDRESS) <u>St Louis, mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithfield</u> DATE <u>1/13</u> 19 <u>32</u>			
19. UNDERTAKER <u>Fred A. Thompson</u> (ADDRESS) <u>Madison, mo</u>			
20. FILED <u>Jan 11</u> 19 <u>32</u> <u>W. W. Coburn</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

2. I HEREBY CERTIFY, That I attended deceased from Jan 11 1932 to Jan 11 1932
I last saw her alive on Jan 11 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Jan 11
22A JJA
Other contributory causes of importance:
(3)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) W. W. Coburn, D.O.
(Address) Madison, 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.

FEB 2 1932

