

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

Do not use this space.

1887

1. PLACE OF DEATH

72 County New Madrid Registration District No. 604
Township " " " Primary Registration District No. 5802
City (No.) St. Ward

File No. 158
Registered No. _____

2. FULL NAME

Mary Evelyn Hersey
(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

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 12 - 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
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) New Madrid Co Mo.

MOTHER 13. NAME Orville Hersey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Co Mo.

15. MAIDEN NAME May Loomis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co Mo.

17. INFORMANT Orville Hersey
(ADDRESS) Mathews, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerwood Cem DATE 1-19 1932

19. UNDERTAKER Richards and Co
(ADDRESS) New Madrid, Mo

20. FILED 1/12/ 1932 Wm J. O'Barne U.S. Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 1 - 11, 1932, to 1 - 12, 1932
I last saw her alive on 1 - 12, 1932 Death is said to have occurred on the date stated above, at 2:48 p.m.

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

Died during Labor (Sept. at birth) 100 B
Other contributory causes of importance: 100 B

Name of operation _____ Date of _____
What test confirmed diagnosis? ① Was there an autopsy? _____

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 of injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. J. O'Barne M. D.
(Address) Health Office

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.

JAN 28 1932

