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.

MAY 25 1932

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

Do not use this space. 12395

1. PLACE OF DEATH

46

County Howell — Registration District No. 384 — File No. 31

Township Howell — Primary Registration District No. 5531 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Margaret Cynthia Bissett

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Horatio Nelson Bissett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1859

7. AGE: YEARS 73 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) November 1918

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteagua Ill. 2

FATHER

13. NAME John Tolley

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

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk 31

17. INFORMANT (ADDRESS) Mrs. Eva Farran (Daugh) West Plains, Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE Homeland DATE April 3, 1932

19. UNDERTAKER (ADDRESS) Hal Thornburgh West Plains, Mo.

20. FILED 4-1, 1932 O. A. Heinrich Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1932 to Feb - 20, 1932

I last saw her alive on Feb. 20, 1932 Death is said to have occurred on the date stated above, at 10 a.m.

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

Chronic Nephritis

131

82A

131

(1)

Date of onset

Other contributory causes of importance:

Hemiplegia = Cerebral Hemorrhage

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? — 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) R. E. Hogan, M. D.

(Address) West Plains Mo.