

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 24 1932

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

Do not use this space.

17054

1. PLACE OF DEATH
 80 County Pittis Registration District No. 668
 Township Cedar Primary Registration District No. 5894
 City (No.) St. Ward

2. FULL NAME Mary M^e Carty
 (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 W 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) Feb-5, 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
93 3 14

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) Greenfield Mo. 1

MOTHER FATHER 13. NAME Phillip Bowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 2

15. MAIDEN NAME Margaret Wilson

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

17. INFORMANT (ADDRESS) Mrs. W. S. Payton Sedalia, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove, Mo. DATE 5-20 1932

19. UNDERTAKER (ADDRESS) Hays & Stockling Pilot Grove, Mo.

20. FILED 5-19 1932 J. L. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 19⁰⁰ body 19⁰⁰
 I last saw h. undivided 19⁰⁰ Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Found dead in bed probably organic heart trouble
 Date of onset

Other contributory causes of importance:
75% P. B.

Name of operation Date of
 What test confirmed diagnosis? 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 19⁰⁰
 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? If so, specify
 (Signed) W. Z. Bishop Corcoran D.
 (Address) Sedalia Mo

