

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

Do not use this space.

23781

1. PLACE OF DEATH

88 County Randolph
5 Township
2 City Hunterville (No.)

Registration District No. 733
Primary Registration District No. 4X38

File No.
Registered No. 21
St. Ward

2. FULL NAME

Mary Hardister

(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 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) May 17, 1950

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 5

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

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) Ireland 15

13. NAME Tom McGinnis

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

15. MAIDEN NAME Ann Patterson

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

17. INFORMANT Mrs. A. T. Hardister (ADDRESS) Clifton Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill DATE July 23, 1932

19. UNDERTAKER Tom B. Patton (ADDRESS) Hunterville Mo

20. FILED July 25, 1932 591 Mugg Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug 19, 1932 to July 21, 1932
I last saw him alive on July 19, 1932 Death is said to have occurred on the date stated above, at 10 P. M.
The principal cause of death and related causes of importance were as follows:

Myocardial Regurgitation Date of onset
resulting in dropsy.
PPHA
Other contributory causes of importance: PPHA

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 2, 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? ✓
If so, specify 44 Prays

(Signed) Hunterville Mo., M. D.
(Address) Hunterville Mo.

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.

AUG 27 1932

