WHITE PEARLEY, 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.

NOV 29 1932

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

Do not use this space.

32895

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

1 Township Mason — Primary Registration District No. 3029 — Registered No. 273

8 City Hannibal (No. St Elizabeth Hos. St. Ward)

2. FULL NAME Mary Ellen Hirner

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

Length of residence in city or town where death occurred No yrs. No mos. 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S.I.Hirner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1873

7. AGE: YEARS 58 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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. 235

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) Decature Ill 2

FATHER

13. NAME Peter Carroll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Margaret Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) S.I.Hirner Palmyra, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery Palmyra mo DATE Oct 24 1932

19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra Mo

20. FILED Oct 27 1932 C Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Oct 21, 1932

I last saw her alive on Oct 21, 1932. Death is said to have occurred on the date stated above, at 12 9 m.

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

Cerebral Hemorrhage Oct 15-32

Date of onset

Other contributory causes of importance: None

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? .....

If so, specify .....

(Signed) J. A. Rorell, M. D.

(Address) Hannibal Mo