

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.

NOV 25 1932

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

Do not use this space.

32965

1. PLACE OF DEATH
 69 County Monroe Registration District No. 579
 Township Marion Primary Registration District No. 5776
 City Madison (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane Overfelt
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. A. Overfelt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1848

7. AGE YEARS 84 MONTHS 4 DAYS 23 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. ✓

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) Warren Co. 2
Illinois

MOTHER FATHER 13. NAME Lewis Bradley

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

15. MAIDEN NAME Sarah Mehus

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

17. INFORMANT Mrs O. K. Penhalt
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Hill DATE Oct 26 1932

19. UNDERTAKER Snow (ADDRESS) Leavittown Moberly Mo.

20. FILED Neel 19. W. W. Embick Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 1932, to Oct 22, 1932
 I last saw her alive on Oct 22, 1932. Death is said to have occurred on the date stated above, at 2:05am.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Date of onset Aug 1932
131 9:30 PM (3)

Other contributory causes of importance:
Nephritis Arteriosclerosis

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) J. P. Turner
 (Address) Madison, Mo.

