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.

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

Do not use this space.

1. PLACE OF DEATH
46 County Howell — Registration District No. 384 — File No. 39470
3 Township — Primary Registration District No. 5-5-3-8 — Registered No.
4 City West Plains, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mary Francis Heselton

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fw
4. COLOR OR RACE: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maurice Heselton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 24-1873

7. AGE: YEARS 59 — MONTHS 8 — DAYS 21 — 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.: 535
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): Howell Co., Missouri

FATHER
13. NAME: J. W. Mustion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ ✓ 318

MOTHER
15. MAIDEN NAME: Martha E. Copeland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ ✓

17. INFORMANT (ADDRESS): Lee Heselton, West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Homeland DATE: 12/16-1932

19. UNDERTAKER (ADDRESS): McFarland's, West Plains, Mo.

20. FILED: 12-16-1932 O. P. A. Heinrich, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1928, to 12-15-1932
I last saw her alive on 7-2-1932. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	

Other contributory causes of importance:

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 ....., 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) E. Claude Bohrer, M. D.
(Address) West Plains, Mo.

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