

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

Do not use this

41180

1. PLACE OF DEATH

County Rutgers Lee
Township York
City (No.)

Registration District No. 724
Primary Registration District No. 5955

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. Mary E. Hallingsworth 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 fe
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 W. A. Hallingsworth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Invalid
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Honover Ind (STATE OR COUNTRY) 2

10. NAME OF FATHER Albert Bruce

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Burney (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind (STATE OR COUNTRY) 5

14. INFORMANT Anna Arnold (Address) Pomersville Ind

15. FILED 12-18-32 Relia A. Cozad REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15- 1932

17. I HEREBY CERTIFY, That I attended deceased from Ang Dec 10- 1932 to Dec 15 1932 that I last saw her alive on on Dec 7 1932 and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrovascular
CONTRIBUTORY (SECONDARY) Disease of Heart (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 95 B (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS GA Steel

(Signed) GA Steel M. D.

, 19 (Address) Lucerne Ind

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Removal 12-18-32

20. UNDERTAKER ADDRESS

Max Devours Home Pomersville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be stated EXACTLY. Exact statement of OCCUPATION is very important and should be carefully supplied.

NOV 27 1932

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important.