

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
 107 County Texas Co Registration District No. 864
 Township Charroll Primary Registration District No. 6140
 City Summit (No. _____) St. _____ Ward _____

2. FULL NAME Mary Messingale
 (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.

File No. 8285
Registered No. 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. ... min.
<u>58</u>	<u>5</u>	<u>8</u>	<u>103</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cent Co (STATE OR COUNTRY) Mo

MOTHER FATHER
 13. NAME Cent Welch
 14. BIRTHPLACE (CITY OR TOWN) Cent Co (STATE OR COUNTRY) Mo

MOTHER FATHER
 15. MAIDEN NAME Lucretia Haddock
 16. BIRTHPLACE (CITY OR TOWN) Cent Mo (STATE OR COUNTRY) Mo

17. INFORMANT Edith Messingale (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Summit DATE Feb 11, 1933
 19. UNDERTAKER Clyde K. ... (ADDRESS) Summit Mo
 20. FILED 7 4 35 J H Waller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1933, to Feb 11, 1933
 I last saw him alive on on Feb 9, 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
High blood pressure
 Other contributory causes of importance: _____
 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 H Waller, M. D.
 (Address) Summit Mo

