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.

APR 22 1933

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

Do not use this space.

10106

1. PLACE OF DEATH

53 County Laclede — Registration District No. 449 — File No.

Township Lebanon — Primary Registration District No. 5609 — Registered No. 1827

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Marguerite Matilda Medley

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Harvey Medley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 1st 1840

7. AGE: 93 YEARS — MONTHS: No. — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Tenn

FATHER
13. NAME: Alfred Hays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary Jane Clovidon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Arthur Medley, Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Poles Cemetery DATE: 3-19 1933

19. UNDERTAKER (ADDRESS): Palmer, Lebanon

20. FILED 3/18 1933 J M Billings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33, 19..., to 3-17-33, 19...

I last saw her alive on 3-14-33, 19... Death is said to have occurred on the date stated above, at 8:10 P m.

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

Cerebral Hemmorrhage — Date of onset 3-14-33

Other contributory causes of importance:

Name of operation: none — Date of ...

What test confirmed diagnosis? none — 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) H. A. Hamilton, M. D.
(Address) Lebanon, Mo.