

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 24 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11993

1. PLACE OF DEATH

County Saline
 Township Salt Pond
 City

Registration District No. 801
 Primary Registration District No. 6044

File No.
 Registered No.
 St. Ward

2. FULL NAME

Mary Francis Applying
 (a) Residence, No. St. Ward
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alex Applying

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-27-1845
 7. AGE YEARS 87 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

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) Lafayette Co Mo.
 (STATE OR COUNTRY)

13. NAME Wetherford Hunter
 14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Francis Blair
 16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Same Blair
Alma Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Isaiah Cemetery DATE Mar 5 33

19. UNDERTAKER W. F. Duncanson
 (ADDRESS) Gonvordia Mo

20. FILED Mar 4 33 R. H. Ringen
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to March 3, 1933

I last saw h. at alive on March 3, 1933 Death is said to have occurred on the date stated above, at 3:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? clinical 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) R. S. James, M. D.
 (Address) Blackburne

