

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

Do not use this space.

14347

1. PLACE OF DEATH

County *St. Francis*
Township *Perry*
City (No.) Ward

Registration District No. *775*
Primary Registration District No. *6020*

File No.
Registered No. *26*
St. Ward

2. FULL NAME

(a) Residence, No. *Mary C McFarland* Ward
(Usual place of abode) *Farmington Mo.*

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Unmarried</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Was married</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr 6 1889</i>		
7. AGE YEARS <i>43</i>	MONTHS <i>11</i>	DAYS <i>26</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House work</i>
	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 <i>13</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knob Lick mo.*

13. NAME *R. A. Hibbits*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Siamite mo.*

15. MAIDEN NAME *Elizabeth Williams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Knob Lick mo.*

17. INFORMANT *J. W. Hibbits*
(ADDRESS) *De Soto*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Knob Lick* DATE *Apr 4 1939*

19. UNDERTAKER (ADDRESS) *Frederick and Co Farmington mo.*

20. FILED *4/3* 19*39* *V. C. Olson* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2 1939*

I HEREBY CERTIFY, That I attended deceased from *March 25* 19*39* to *Apr 2* 19*39*
I last saw *her* alive on *Apr 2* 19*39*. Death is said to have occurred on the date stated above, at *9:35 P.M.*

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

Chronic Interstitial Nephritis (chronic) Myocardial Acute Stenosis of Heart

Other contributory causes of importance: *131*

Name of operation *None* Date of *Jan 20*
What test confirmed diagnosis? *Heart* 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? *No*
If so, specify *Physician*

(Signed) *V. C. Olson*, M. D.
(Address) *Farmington Mo.*

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.

MAY 24 1939

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