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.

JUN 23 1933

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion — Registration District No. 548. — File No. 20386

3 Township ~~Liberty~~ — Primary Registration District No. 4323. — Registered No. 32.

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

2. FULL NAME Margaret Pearl Best

(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 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Best

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Marion County Mo.

FATHER

13. NAME Daniel Drescher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Willamina Weiber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Ella Best Palmyra, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Greenwood Cem Palmyra, Mo. DATE 6/4/33, 19

19. UNDERTAKER (ADDRESS) Lewis Bean Palmyra, Mo.

20. FILED June 3rd 1933. Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933, to June 2, 1933

I last saw her alive on June 1st, 1933. Death is said to have occurred on the date stated above, at 2:a.m.

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

Chronic myocarditis

Date of onset

936 93

Other contributory causes of importance:

Name of operation None 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) W. C. Oneal, M. D.

(Address) Palmyra Mo.