

Dr. Hill

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

Do not use this space.

22656

164

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Mary R. Cady

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 H.B. Cady

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 3 21

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) (STATE OR COUNTRY) Keota, Iowa

13. NAME Robert Rankin

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

15. MAIDEN NAME Rebecca Hartzler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Herman Kiso
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE July-10-1935

19. UNDERTAKER John G. Gaden
(ADDRESS) Jefferson City, Mo.

20. FILED 7/10/35 J. R. Bradford
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY that I attended deceased from July 3 1935, to July 7 1935
I last saw her alive on July 7 1935 Death is said to have occurred on the date stated above, at 12 m.

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

~~Double lobar pneumonia~~
Double lobar pneumonia
10% 10%
Other contributory causes of importance:
Infectious mononucleosis that existed for 6 days

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) Geo. A. Hill, M. D.
(Address) Jefferson City, Mo.

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.

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