

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

Do not use this space.

23961

1. PLACE OF DEATH

74 County Madison Registration District No. 625 File No. _____
 Township North Primary Registration District No. 3081 Registered No. 81
 9 City Marionville (No. St. Francis Hospital St. _____ Ward _____)

2. FULL NAME

7 Mrs. Mary M. Hiatt
 (a) Residence, No. 324 East Sixth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ira Bert Hiatt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-19-1887</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>6</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>Seward Neb</u>		
13. NAME <u>Fred Weisenberger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Anna M. Helmbach</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Ira Bert Hiatt</u> (ADDRESS) <u>Marionville Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Cem</u> DATE <u>Aug 2, 1933</u>		
19. UNDERTAKER <u>Cummings Funeral Co</u> (ADDRESS)		
20. FILED <u>7-91</u> 19 <u>33</u> <u>Mamie Cordy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/23 1933 to 7/30 1933
 I last saw him alive on 7/30 1933 Death is said to have occurred on the date stated above, at 5:12 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary embolus
secondary
acute nephritis
acute angrenamine poisoning
 Date of onset 7/20/33
 Other contributory causes of importance:
hypertension
acute nephritis
acute angrenamine poisoning
 (Name of operation) _____ Date of _____
 What test confirmed diagnosis? _____ 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. E. Egle _____, M. D.
 (Address) Marionville, Mo.

N. B.—Every item on this certificate should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

7-25-33

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CAUSE OF DEATH
N.B. - Every
it may be possible
AGB and
state

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madaway

Registration District No. 625

Township

Primary Registration District No. 3031

City Marysville (No.)

File No.

Registered No. 81

St. Ward

2. FULL NAME

Mary Keatt

(a) Residence, No. St. Ward.

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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
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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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-31 1933 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1933

22. I HEREBY CERTIFY That I attended deceased from to, 19

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at, m.

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

Pulmonary Embolism Date of onset

acute arsenic poisoning

secondary syphilitic psychosis

Chorea

Acute Rheumatism

Name of operation Date of
What test confirmed diagnosis? 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?

If so, specify
(Signed) John E. Ealey M. D.
(Address) Maryville, Mo.

SUPPLEMENTARY

N. B.—Every death certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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28