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.

NOV 10 1933

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

Do not use this space.

35458

File No.

Registered No. 14

1. PLACE OF DEATH

County Vernon Co. Registration District No. 878

Township Owen Primary Registration District No. 6-66

City (No. St. Ward)

2. FULL NAME Mary E. Mishey

(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): Widd

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 1 1873

7. AGE: Years 59 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

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): Morrow Co Ohio

FATHER

13. NAME: John Mishey

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

MOTHER

15. MAIDEN NAME: Susan Webster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Penn

17. INFORMANT (ADDRESS): Bob Presley Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tolson Cemetery DATE Oct 22 1933

19. UNDERTAKER (ADDRESS): G B Berry & Son

20. FILED Oct 22 1933 Carroll T. Berry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933, to Oct 21, 1933

I last saw her alive on Oct 19, 1933. Death is said to have occurred on the date stated above, at 9-30 p.m.

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

	Date of onset
Pneumonia Probable	10/17/33
10A	
10A	
Other contributory causes of importance:	
Influenza	10/19/33

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

(Signed) Arthur G. Allham, M. D.

(Address) Sheldon Mo.