

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County Lower MeriRegistration District No. 468File No. 5554

Township

Primary Registration District No. 4281Registered No. 9City Marionville

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Eulet Hale(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 OR (OR) WIFE OF Mr. R. A. Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1854

7. AGE YEARS 79 MONTHS 5 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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) Lower Meri Co. Mo13. NAME Wm Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME " "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "17. INFORMANT Mr. R. A. Hale  
(ADDRESS) Marionville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Feb 28 1934 DATE Feb 28 193419. UNDERTAKER Bradford Funeral Home  
(ADDRESS) Marionville20. FILED Mar 10 1934 Laura O. Cunnady  
Registrar

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 193422. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1934, to Feb 26, 1934I last saw her alive on Feb 24, 1934 Death is said to have occurred on the date stated above, at 8 P.M.

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

Senility  
11:00Date of onset  
1933

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms Was there an autopsy? no23. 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) F. W. Lester, M. D.(Address) Marionville, 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.

5554  
635  
235

