

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

Do not use this space.

11643

APR 25 1934

1. PLACE OF DEATH
 County Sullivan Registration District No. 849
 Township Beauchamp Primary Registration District No. 4674
 City Beauchamp (No. 1) St. _____ Ward _____

2. FULL NAME Margaret Elizabeth O'Haver
 (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.

File No. _____
 Registered No. 3
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Solomon O'Haver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1856

7. AGE YEARS 77 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Belark Co. Missouri

13. NAME Jas. Mc Cormick

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

15. MAIDEN NAME Mary McCune

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

17. INFORMANT Mrs. Chesley Garrett
 (ADDRESS) Green Castle, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Castle DATE Mar 10, 1934

19. UNDERTAKER Glenn E. Hunt
 (ADDRESS) Green City, Mo

20. FILED 4-9-1934 Virginia Gibson
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1934

I HEREBY CERTIFY, That I attended deceased from Feb 10, 1934 to Mar 8, 1934

I last saw her alive on Mar 5, 1934. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:
Senile Debility Date of onset _____

Other contributory causes of importance:
Heart Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? usual 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 _____
 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) W. J. Taylor, M. D.
 (Address) Green Castle, 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.

