

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.

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

Do not use this space.

FEB 18 1935

1. PLACE OF DEATH

County Barton Registration District No. H1
 Township Leray Primary Registration District No. 5063
 City Leray (No.) _____ St. _____ Ward) _____

File No. 4299
 Registered No. _____
 St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Liberal mo. **St.** Rural **Ward.** _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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>Charles Wesley Hadley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 1864</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 17 1934</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cumberland Co. Illinois</u>				
FATHER	13. NAME <u>Frank Warner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>Sanders</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Charles W Hadley</u> (ADDRESS) <u>Liberal mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Leray mo.</u> (ADDRESS) <u>Dobson, Mo.</u> DATE <u>Feb 9 1935</u>				
19. UNDERTAKER <u>Berkley Funeral Service</u> (ADDRESS) <u>Mulberry Kansas</u>				
20. FILED <u>Feb 9 1935</u> <u>F. R. Spills</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Feb 5, 1935.
 I last saw her alive on 7/5, 1934. Death is said to have occurred on the date stated above, at 12:00 noon.
 The principal cause of death and related causes of importance were as follows:
mitral Valvular Disease of heart (Date of onset _____)

Other contributory causes of importance:
None

Name of operation none Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? yes

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) E. Sandridge, M. D.
 (Address) Mulberry Mo.

