

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.

MAR 22 1935

8586

1. PLACE OF DEATH

County Dade Registration District No. 237
Township Washington Primary Registration District No. 5329
City Southwestfield St. _____ Ward _____

File No. 50
Registered No. 57

2. FULL NAME

Mary Elizabeth Poe
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-35

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

22. I HEREBY CERTIFY, That I attended deceased from July 10 - 1934 to Mar 4 - 1935
I last saw her alive on Dec 15 - 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-4-1854

to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 80 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

Cerebral Haemorrhage
Right
Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter, sawyer, bookkeeper, etc. 1st W
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 _____

Other contributory causes of importance: Jaundice

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 13. NAME Johnathan Weir

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

MOTHER 15. MAIDEN NAME Margaret Hair

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

17. INFORMANT (ADDRESS) W. W. Poe

(Signed) T. J. Drisdell, M. D.
(Address) Greenfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Weir Cemetery DATE 3-16, 1935

19. UNDERTAKER (ADDRESS) Fugate Co Greenfield Mo

20. FILED 3-13, 1935 W. W. Weir Registrar.

