

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

D. Cambre
 JUN 25 1935

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

Do not use this space.

1. PLACE OF DEATH
 County Macon Registration District No. 533
 Township _____ Primary Registration District No. 3027
 City Macon (No. _____ St. _____ Ward _____)

2. FULL NAME Mrs Mary Healey
 (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.

17083
 File No. _____
 Registered No. 106

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Daniel J. Healey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 1857

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hra. ormin. |
| | <u>78</u> | <u>2</u> | <u>10</u> | |

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. Retired

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) St Louis Mo

FATHER

13. NAME Francis McGee

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

MOTHER

15. MAIDEN NAME Catherine Curley

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

17. INFORMANT Brene Healey
 (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem, DATE 5-6-35

19. UNDERTAKER Stephens & Goodding
 (ADDRESS) Macon, Mo.

20. FILED 6/11 1935 Leota Kuntz
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr-15, 1935, to May-3, 1935
 I last saw her alive on May-2-35, 1935. Death is said to have occurred on the date stated above, at 8:30 in.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration with Coronary Sclerosis
930
 Date of onset 1930 begins

Other contributory causes of importance:
General Arterio-sclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 _____, 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. L. Cambre, M. D.
 (Address) Atlanta Mo

