

MO 20 1935

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

Do not use this space.

23973

1. PLACE OF DEATH

County Perry
Township Galbreath
City Brewer (No.)

Registration District No. 660
Primary Registration District No. 5875a

File No.
Registered No. 36
St. Ward

2. FULL NAME

(a) Residence, No. Mary J. Hagan 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 <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>Divorced. Hagan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 - 1887</u>		
7. AGE <u>48</u> YEARS	MONTHS <u>0</u>	DAYS <u>1</u>
		If LESS than 1 day, hrs. or min.

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. House wife

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)
Perry Co Mo

FATHER

13. NAME Frank Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Perry Co Mo

MOTHER

15. MAIDEN NAME Mary E. Reddick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Perry Co Mo

17. INFORMANT (ADDRESS)
J. J. Hagan Brewer Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mount Hope Aug. July 5 1935

19. UNDERTAKER (ADDRESS)
Wendell Furniture Perryville Mo.

20. FILED July 5 1935 E. J. Bonebrake Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Aug. 27 1934 to Dec. 22 1934. I last saw her alive on July 3 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

apoplexy

Other contributory causes of importance:
Chronic Bright's disease

Date of onset 7/3/35

Name of operation

What test confirmed diagnosis?

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

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) M. H. Cherry M.D.
(Address) Perryville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

