

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

Do not use this space.

743

JAN 16 1936

1. PLACE OF DEATH

County Deviess
Township Monroe
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 250
Primary Registration District No. 5349

File No. _____
Registered No. 769

2. FULL NAME Mary M. Stewart

(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 60 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. G. Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1845</u>		
7. AGE	YEARS	MONTHS
	<u>90</u>	<u>6</u>
		DAYS
		<u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	11. Total time (years) spent in this occupation <u>wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1934</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Pierce

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

15. MAIDEN NAME Armstrong

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

17. INFORMANT Lewellon Stewart
(ADDRESS) Hamilton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lile Cemetery DATE Jan. 5, 1936

19. UNDERTAKER Hone Furn. & Undt. Co.
(ADDRESS) Galatien, Mo.

20. FILED 1-7- 1936 W. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1936

22. I HEREBY CERTIFY That I attended deceased from Feb. 3, 1932, 19____, to Jan. 3, 1936, 1936

I last saw her alive on Nov. 16, 1935, 1935. Death is said to have occurred on the date stated above, at 1 A. m.

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

<u>Myocardial degeneration</u>	1930
<u>Hemiplegia</u>	1934
<u>Atherosclerosis</u>	2

Other contributory causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) L. M. Deery, M. D.
(Address) Hamilton, 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.

