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.

MAR 24 1936

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

Do not use this space.

File No. 6893

Registered No. 11

1. PLACE OF DEATH
County Montcalm
Township Walker
City ..... (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 5769

2. FULL NAME Mary Ida Deatt

(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

3. SEX Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
		8	

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.

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) Montcalm Co

FATHER

13. NAME Lewis Deatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montcalm Co

MOTHER

15. MAIDEN NAME Mary Edna Reichel

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

17. INFORMANT Lewis Deatt
(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Log Spring DATE 2/11 1936

19. UNDERTAKER Williams & Friedmeyer
(ADDRESS) California Mo

20. FILED 2-8-1936 H. R. Popp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/36

22. I HEREBY CERTIFY, That I attended deceased from 2nd 2, 1936 to 2/10, 1936
I last saw her alive on 2/8, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Pellagra Chronic
Ovarit

Date of onset

Other contributory causes of importance:

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

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) H. K. Cooper, M. D.
(Address) California Mo