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

Do not use this space.

MAR 25 1936

7425

1. PLACE OF DEATH
County St. Francois
Township St. Francois
~~Near~~ City ~~Farmington, Mo.~~ (No. ....., ..., St. ....., Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 73

2. FULL NAME Mary Kathcart
(a) Residence, No. Potosi, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	5	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Missouri

FATHER
13. NAME Lira Coon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shirley Mo. DATE 2-26, 1936

19. UNDERTAKER Sparks + Sparks
(ADDRESS) Potosi Mo.

20. FILED Feb 26, 1936 B. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1934, to February 25, 1936
I last saw her alive on February 24, 1936. Death is said to have occurred on the date stated above, at 4:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized and marked	
9 3/12	
Other contributory causes of importance:	
Chronic Myocarditis with Hypertrophy	?
Cardiac Psychosis (Cardiac Deterioration)	Early life
Bronchopneumonia, terminal	2/24/36

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. C. Quilt, M. D.
(Address) Farmington, 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.