

APR 16 1936

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

Do not use this space.

14436

1. PLACE OF DEATH

County CRASSRegistration District No. 154Township 11.44Primary Registration District No. 4088City Garden City (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Mary A Halcomb

(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 <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>Mary Halcomb</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUG. 25 1865</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>8</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. Housewife
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) KY

FATHER

13. NAME Ed. Lusby14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Lou Ann Wight16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT (ADDRESS) G. W. Halcomb Garden City18. BURIAL, CREMATION, OR REMOVAL PLACE Garden City Cem. DATE April 13 193619. UNDERTAKER (ADDRESS) J. M. Kauffman Garden City, Mo.20. FILED 4-5 36 Geo. Buffen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 3 - 193622. I HEREBY CERTIFY, That I attended deceased from April - 28 - 1936 to April - 3 - 1936I last saw her alive on April 2 - 1936 Death is saidto have occurred on the date stated above, at 3 P. M.

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

ApoplexyDate of onset
24.2.36Other contributory causes of importance
Valvular heart diseaseName of operation..... Part of.....
What test confirmed diagnosis? Chamberlain's test23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... X Date of injury.....Where did injury occur?..... X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury..... X
Nature of injury..... X24. Was disease or injury in any way related to occupation of deceased? None
If so, specify.....(Signed) Frank B. Ellis, M. D.(Address) Garden City 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.

