

AUG 14 1936

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

Do not use this space.

25439

## 1. PLACE OF DEATH

County BarryRegistration District No. 34Township ExeterPrimary Registration District No. 6239City Exeter

(No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Frances Folger(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

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED OR DIVORCED  
HUSBAND OF  
(or) WIFE OFA. Folger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 20, 1859

7. AGE

YEARS  
76

MONTHS

9DAYS  
15If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.at home9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Princeton Co. Ohio

MOTHER / FATHER

13. NAME

Christian Stout14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Princeton Ohio

15. MAIDEN NAME

Elizabeth Smith16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Princeton Ohio17. INFORMANT  
(ADDRESS)A. Folger  
Exeter Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE WhitbyDATE 7-7-3619. UNDERTAKER  
(ADDRESS)Ed Lawrence  
Princeton Mo

20. FILED

7-7-1936 Mrs. H. P. Seary

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from

at times for post mortemI last saw h. E alive on July 2, 1936 Death is saidto have occurred on the date stated above, at 3:30 P. M.

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

Pneumonia Heartinvolvement,9.56 7

Other contributory causes of importance:

Old age & generaldebility

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) J. T. Roubert, M. D.(Address) Exeter 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.

