

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 21 1936

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

Do not use this space.

35326

1. PLACE OF DEATH
 County Randolph Registration District No. 135
 Township _____ Primary Registration District No. 3094
 City Moberly, (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. 202

2. FULL NAME Mamie E. Hart,
Cairo, Mo.
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1913

7. AGE YEARS 23 MONTHS 4 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker
 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) Cairo,
 (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Ed Broadus,

14. BIRTHPLACE (CITY OR TOWN) Cairo,
 (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Clara Patrick,

16. BIRTHPLACE (CITY OR TOWN) Springfield,
 (STATE OR COUNTRY) Mo.

17. INFORMANT Paul Hart,
 (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oakland Cem, DATE Sept 26 1936

19. UNDERTAKER Snow Funeral Home.
 (ADDRESS) Moberly, Mo.

20. FILED 9/26 1936 Virginia Walker
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1936 to Sept 22 1936

I last saw her alive on Sept 23 1936 Death is said to have occurred on the date stated above, at 9.10 AM

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

Inflammation of Gall bladder associated with stones secondary to malarial infection Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) J. M. Moberly, M. D.
 (Address) Moberly, Mo.

