

DEC 30 1936

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

Do not use this space.

38855

## 1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 60184

File No.

Registered No. 200Near City Farmington

(No. ....)

St. ....

Ward) .....

2. FULL NAME Mary Louise Stuckey(a) Residence, No. Portage De Sioux, Mo. 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

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)  
Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFAl Stuckey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1870

## 7. AGE

YEARS

66

MONTHS

8

DAYS

18If LESS than 1  
day, .... hrs.  
or .... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. 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)

Portage De Sioux, Mo.

(STATE OR COUNTRY)

Missouri

## FATHER

13. NAME August Pyett

## 14. BIRTHPLACE (CITY OR TOWN)

Portage De Sioux

(STATE OR COUNTRY)

Missouri

## MOTHER

15. MAIDEN NAME Margie Pyett

## 16. BIRTHPLACE (CITY OR TOWN)

Davenport

(STATE OR COUNTRY)

IOWA

## 17. INFORMANT

(ADDRESS)

Hospital Records  
Farmington, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Francois Cemetery Oct. 20 36Portage De Sioux, MO

## 19. UNDERTAKER

(ADDRESS)

Dallmeyer Undertaking Co.  
St. Charles, Mo.

## 20. FILED

Nov 6 1936T. J. Robinson

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16 19 36

22. I HEREBY CERTIFY, That I attended deceased from

August 26, 1936, to October 16, 1936I last saw him alive on October 16, 1936 Death is saidto have occurred on the date stated above, at 12:15 P.M.

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

Chronic Myocarditis (Arteriosclerosis) ?  
Coronary Occlusions (Sudden  
Death) Date of onset  
11:00 AM  
10/16/36

Other contributory causes of importance:

Arteriosclerosis, generalized ?  
Psychosis with Central  
Arteriosclerosis May 5,  
1936

Name of operation ..... 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 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. Ault 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.

WHILE WAITING FOR THIS TO BE A PERMANENT RECORD

