

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

Do not use this space.

JAN 29 1937

44179

1. PLACE OF DEATH

County Cole
 Township
 City Jefferson

Registration District No. 213
 Primary Registration District No. 3014

File No.
 Registered No. 336
 St. Ward

2. FULL NAME Mrs. Mary Blanche Dexter

(a) Residence, No. 1923 W. Main St. Ward.

(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 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 Washington I. Dexter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-18-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Jefferson City, Mo

FATHER 13. NAME L.V. Dix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER 15. MAIDEN NAME Mary Conn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT W.I. Dexter
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem. DATE Dec-8--- 1936

19. UNDERTAKER (ADDRESS) Wm. Gordon

20. FILED 12/17/36 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/27/36 to 12/6/36
 I last saw her alive on 12/3/36. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cardiac disease - initial

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? 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) _____, M. D.
 (Address) Jeff City, Mo

