

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.

AUG 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Levy
City Bonne Terre Mo. (No. _____)

Registration District No. 175
Primary Registration District No. 602A-A

File No. 48669
Registered No. 57
St. _____ Ward _____

2. FULL NAME Mary Rue Datillo

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Bonne Terre (STATE OR COUNTRY) Mo.

MOTHER FATHER

13. NAME Thos. Datillo

14. BIRTHPLACE (CITY OR TOWN) Dr. Soto (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Virginia J. Barnett

16. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Mo.

17. INFORMANT J. K. Barnett (ADDRESS) Bonne Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Co. Mo. DATE July 23, 1936

19. UNDERTAKER Lynn Beuhner (ADDRESS) Bonne Terre Mo.

20. FILED July 25, 1936 N. W. Hawburn Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 7-22-, 1936, to 7-22-, 1936

I last saw him alive on his door, to _____ 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:

Stillborn Date of onset _____

Other contributory causes of importance:

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) R. B. Dexter, M. D. (Address) Osage Mo.

