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.

FEB 17 1937

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

Do not use this space.

2078

1. PLACE OF DEATH
County Linn
Township Brookfield
City Brookfield (No. ..., 2 St. ... Ward)

Registration District No. 496
Primary Registration District No. 3025

File No.
Registered No. 7

2. FULL NAME Lydia Ann Cary 1
(a) Residence, No. 413 S Main St., 3 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel M. Cary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-25-1840
7. AGE YEARS 96 MONTHS 5 DAYS 22 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 263
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) Delaware Co N. Y.

FATHER
13. NAME Aca Blish
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D K

MOTHER
15. MAIDEN NAME D. K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Mrs Kittie Boyd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE Jan 19 1937
19. UNDERTAKER (ADDRESS) Hill Funeral Chapel Brookfield. Mo
20. FILED Feb 9 1937 Jesse Cas M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1937, to 1-17, 1937
I last saw her alive on 1-17 1937 Death is said to 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:

	Date of onset
Acute Myocarditis	2 da
Other contributory causes of importance:	
Stw. intestinal diphtheria	6 da
Fracture of left Hip	

Name of operation None Date of 0
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 1/8, 1937
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall in Home
Nature of injury Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jno M Lang, M. D.
(Address) Brookfield, Mo.