APR 20 1937

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

Do not use this space.

File No. 12195
Registered No.

1. PLACE OF DEATH
County Jasper 49
Township
City Carthage (No. 158 N. Main St. Ward)
Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Mary Waggnor Hallock
(a) Residence, No. 158 N. Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1874

7. AGE: Years 62 | Months 8 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

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) Medora Illinois

FATHER
13. NAME Henry Palmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

MOTHER
15. MAIDEN NAME Sabra Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. L. Blankenship Carthage, Missouri

18. ~~BURIAL, CREMATION OR~~ REMOVAL
PLACE Medora, Ill. DATE Mar. 6, 1937

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Mar 5 1937 J. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1937, to Mar 4, 1937
I last saw her alive on Mar 4, 1937. Death is said to have occurred on the date stated above, at 4:20am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chr.	
ABC	

Other contributory causes of importance:
none

Name of operation none Date of
What test confirmed diagnosis? Physical 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) George H. Wood, M. D.
(Address) Carthage 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.