

MAY 18 1937

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

Do not use this space.

16010

1. PLACE OF DEATH

21 County Chariton
1 Township Brunswick
2 City Brunswick (No., St. Ward)

Registration District No. 169
Primary Registration District No. 4098

File No.
Registered No. 21

2. FULL NAME MARGARET ANN DEARING

(a) Residence, No. St. Ward.

(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jerome Dearing</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22-1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>2</u>	<u>24</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>				
10. Date deceased last worked at this occupation (month and year).....			11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-11-30, 19... to 4-13-37, 19...
I last saw her alive on 4-13-37, 19... Death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Arterio-sclerosis
Date of onset 3-4-37

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 John M Wilson, M. D.
(Signed) John M Wilson
(Address) Brunswick, 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.

OCCUPATION
MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Mo

13. NAME Wm E Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary F. Plunkett

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

17. INFORMANT Mrs. Beulah K. Glenn
(ADDRESS) Brunswick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick, Mo DATE April 18, 1937

19. UNDERTAKER L. M. Bess
(ADDRESS) Brunswick, Mo

20. FILED Apr. 17, 1937 Harry E. Tatum
Registrar.

