

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

Do not use this space.

MAY 31 1937

17788

1. PLACE OF DEATH

103 County Stoddard Registration District No. 840  
Township Blue Creek Primary Registration District No. 6102  
City Burdley (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Mary Mae Sibole  
(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>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>5</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		
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) <u>Missouri</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Mrs Sibole</u> (ADDRESS) <u>Burdley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burdley</u> DATE <u>1/23rd</u> 19 <u>37</u>		
19. UNDERTAKER <u>W. H. Harris</u> (ADDRESS) <u>W. H. Harris</u>		
20. FILED <u>5/10</u> 19 <u>37</u> <u>J. S. Harris</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1937, to Jan 22 1937.  
I last saw her alive on Jan 18 1937. Death is said to have occurred on the date stated above, at 3:25 A.M.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 110

Name of operation None 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. \_\_\_\_\_

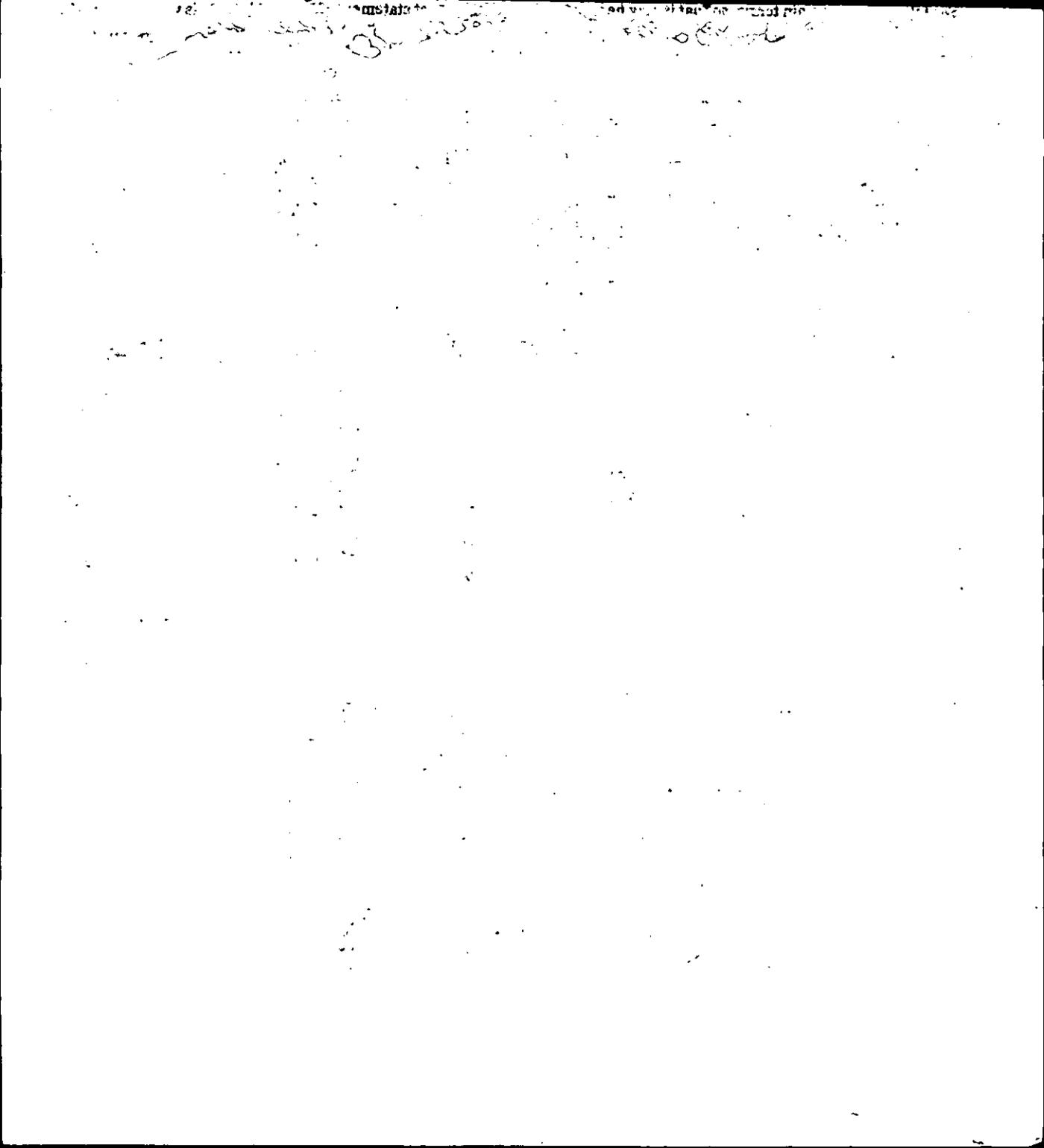
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) S. S. Harris, M. D.  
(Address) W. H. Harris

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.

THIS IS A PERMANENT RECORD

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