

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

Do not use this space.

22976

1. PLACE OF DEATH **JUL 10 1937**
 County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 1002
 City Kb. Mo. (No. 2815 Bell) St. Bell Ward 3
 2. FULL NAME Mary Medley
 (a) Residence, No. 2815 Bell St. Bell Ward 3
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 9
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26th. 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 18 1936 1936, to June 26 1937
 I last saw her alive on June 26, 1937. Death is said to have occurred on the date stated above, at 3:49 m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis (chronic) with Dilatation of heart.
General Edema.
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Carolina Murphy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Lola Morris (ADDRESS) 2815 Bell
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6-29 1937
 19. UNDERTAKER H. C. Emb. & Casket Co. (ADDRESS) 440 State Ave.
 20. FILED 9/29 1937 M. M. Brown Registrar.

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 E. H. Pabinger (Signed) _____, M. D.
 (Address) 715-19 Apple St. St. 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.

