JUL 31 1937

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

Do not use this space.

24714

File No. 49

Registered No. 1344

1. PLACE OF DEATH
County: Ripley
Township: Washington
City: (No. St. Ward)

Registration District No. 754
Primary Registration District No. 5995

2. FULL NAME: Mary F. Walsale
(a) Residence, No. Naylor Rev 14 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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 22, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): O'Bryne Co. Tenn

FATHER
13. NAME: Thomas Walsale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Susie Jane Stout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown N.C.

17. INFORMANT (ADDRESS): J. C. Walkes Naylor Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fairdealing DATE: May 27, 1937

19. UNDERTAKER (ADDRESS): Mudrie Lisk

20. FILED: 7/1, 1937 D Ecculett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 26, 1937
I last saw her alive on May 20, 1937. Death is said to have occurred on the date stated above, at 12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other contributory causes of importance: Hypertension without regurgitation

Name of operation: none Date of:
What test confirmed diagnosis? clinical 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) D Ecculett, M. D.
(Address) Naylor 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.