DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH
County Audrain. Registration District No. 26 File No. 40553
Township ~~Saltriver~~ Primary Registration District No. 3002 Registered No. 179
City Mexico Mo. (No. Audrain Hohptal. St. Ward)

2. FULL NAME Margaret Mortimer.
(a) Residence, No. 927-S-Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Mortimer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28-1895

7. AGE: 42 YEARS, MONTHS 7, DAYS 27. If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Nov 24, 1937
11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER
13. NAME Birch F Rhodus.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis. Mo.

MOTHER
15. MAIDEN NAME Ester O Jones.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Placerville Calif

17. INFORMANT (ADDRESS) Albert Mortimer. Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico Elmwood Cem DATE 11-27-1937

19. UNDERTAKER (ADDRESS) H A Precht Son. Mexico Mo.

20. FILED Nov 26, 1937 Blanche Neely Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 25 Nov, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| from blows on the head caused by blunt instrument in the hand of a person or persons unknown to this jury | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 11-24, 1937
Where did injury occur? Mexico, Audrain Co., Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public street
Manner of injury head injury
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) B M Marlow, M.D.
(Address) Mexico Mo. Coroner

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.