

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

Do not use this space.

**1. PLACE OF DEATH**

County **Franklin**  
 Township  
 City **Washington, Mo.**

Registration District No. **297**  
 Primary Registration District No. **3016**

File No. **2698**  
 Registered No. **5**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** **Mary Rose Tetrault 3 L 4**

(a) Residence, No. **Labadie, Missouri** St., \_\_\_\_\_ Ward. **Labadie, Mo.**  
 (Usual place of abode)

Length of residence in city or town where death occurred **0** yrs. **0** mos. **1** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 17 - 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF **Patrick Tetrault**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 16**, 19**38**, to **Jan 17**, 19**38**  
 I last saw her alive on **Jan 17**, 19**38** Death is said to have occurred on the date stated above, at **6:4 a.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **December 16, 1869**

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**68 1 1**

**Tubercular edema** Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
**210W**  
**38**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **LaRoy North Dakota**

13. NAME **Michael Dease**

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known England**

15. MAIDEN NAME **Lucille Gladger**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury **1/16**, 19**38**  
 Where did injury occur? **N Highway 100 - near Washington, Mo.**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known England**

17. INFORMANT **A. L. Diefenbach**  
 (ADDRESS) **Washington, Mo.**

Manner of injury **Car turned over**  
 Nature of injury **Fractures spine - lung injury**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **St. Charles, Mo.** DATE **Jan. 20, 1938**

19. UNDERTAKER **Otto & Company**  
 (ADDRESS) **Washington, Mo.**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) **J. D. Dost**, M. D.  
 (Address) **Washington Mo.**

20. FILED **Jan. 18 - 1938** **N. W. May**  
 Registrar. **270**

N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIFTEEN DAYS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH