REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ralls. 2 1 Registration District No. 930 File No. 7902
Township Saline Primary Registration District No. 5462 Registered No.
City — (No. , St. Ward)

2. FULL NAME Mary Bryarly Hixson 250
(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 25 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lee Hixson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 8th 1851

7. AGE: YEARS 86 MONTHS 11 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. None
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) 2
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia 1

FATHER
13. NAME: Preston Bryarly 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

MOTHER
15. MAIDEN NAME: Sally A. Boarman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Hugh A. Ford Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brush Creek Cem DATE 2-5 1938

19. UNDERTAKER (ADDRESS): Wilson & Son Monroe City Mo.

20. FILED 2/4th 1938 J. E. Floyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to Feb 3rd, 1938
I last saw her alive on Feb 3rd, 1938. Death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation and subsequent Edema of the lungs	Feb 3rd 1938
Other contributory causes of importance: Chronic Valvular Myocardial disease of the heart	1937

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) [illegible], M. D.
(Address) Monroe City Mo

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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.