

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

Do not use this space.

REC'D APR 15 1938

11148

1. PLACE OF DEATH

50 County... Jefferson Registration District No. 421
 1 Township...
 1 City... Crystal City (No.) Primary Registration District No. 5575W St. Ward) (If nonresident, give city or town and State)
2. FULL NAME Mary Jane Vessells 242
 (a) Residence, No. 404 Jefferson St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Simon Vessells
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 11, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year) March 1937 **11. Total time (years) spent in this occupation** 42 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pocahontas, Arkansas
13. NAME Unknown - Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown of Arkansas
15. MAIDEN NAME Unknown Diesmond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) George Hagan, Crystal City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE April 14 1938
19. UNDERTAKER (ADDRESS) Geanty R. Pelitte, Crystal City, Mo.
20. FILED 4/13 1938 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12th, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 22 1936 to April 12 1938
 I last saw him/her alive on April 11 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis + General Arterio-sclerosis Date of onset Unknown
93C
 Other contributory cause of importance:
Senility + Hypostatic Congestion of Lungs
 Name of operation..... Date of.....
 What test confirmed diagnosis? Chromal Was there an autopsy?.....
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?
 If so, specify.....
 (Signed) J. E. Rutledge M. D.
 (Address) Crystal City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. X0314

