

REC'D MAY 10 1938

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

Do not use this space.

14802

1. PLACE OF DEATH

County *Howell*
Township *Howell*
City *Howell*

Registration District No. *384*
Primary Registration District No. *5535*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Cynthia Mourse 560
(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 *34* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 18 1879</i>		7. AGE YEARS <i>88</i> MONTHS <i>10</i> DAYS <i>15</i> If LESS than 1 day, _____ hrs. _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>			
	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) <i>La Plata Mo.</i>				
FATHER	13. NAME <i>Chandler Hugh</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>N.Y.</i>			
MOTHER	15. MAIDEN NAME <i>Mary Gore</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ill.</i>			
17. INFORMANT <i>Mrs. E. G. Stake</i> (ADDRESS) <i>West Plains Mo.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Waghey Cem</i> DATE <i>April 5 1938</i>				
19. UNDERTAKER <i>Leonard W. Sullivan</i> (ADDRESS) <i>West Plains Mo.</i>				
20. FILED <i>4/4/38</i> 19 <i>38</i> <i>Vida W. SIMONS</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 2 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 16 1938* to *April 2 1938*

I last saw him/her alive on *March 26 1938* Death is said to have occurred on the date stated above, at *10 P.M.*

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____

Other contributory causes of importance: *930*
Senility

Name of operation *None* Date of _____
What test conducted *Autopsy* 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) *W. H. Jones* M. D.
(Address) *West Plains, Mo.*

344

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.

I X314

10:30

42
1829
37

APR 11 1951