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.

50M-7-20-37 I X12004

REC'D MAY 24 1938

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

16015
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby — Registration District No. 827
(b) Township ~~Clay~~ — Primary Registration District No. 4500 — Registered No. 3
(c) City Clarence — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Mary Catherine Gadd 300
(a) Residence, No. ..... St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 - 1850
7. AGE YEARS 88 MONTHS 0 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 4-17-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

FATHER
13. NAME Nathan E. Walker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Elizabeth Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Mrs J. W. Medley Clarence, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Maplewood DATE April 20, 1938
19. FUNERAL DIRECTOR (ADDRESS) Hamilton Und. Co Clarence Mo
20. FILED 4/20 1938 Roy Hamilton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to April 17, 1938
I last saw her alive on 16, 1938. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1920
92C	
Other contributory causes of importance: acute coryza	April 1938

Name of operation None Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) D. J. Harlan, M. D.
751 (Address) Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1951

STATEMENT BY LICENSED EMBALMER

I, Grover J Givan, Licensed Embalmer No. 1754

hereby certify that the body recorded on the reverse side of this certificate was embalmed by WE

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Grover J Givan

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)