

REC'D JUN 10 1938

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

19406
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 279
 (b) Township Windsor Primary Registration District No. 60240 Registered No. _____
 (c) City De Soto (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 Mary Mahala Michel 243
 (a) Residence, No. _____ St. (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 Thomas J. Michel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>11</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Jesse Sutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Ollie Fields

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Paul Ginterson De Soto Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE 5-24 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. G. Boyer

20. FILED 6-9 1938 W. P. Blackworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937, to 5-22 1938
 I last saw her alive on 5-22 1938. Death is said to have occurred on the date stated above, at 9 A. M.
 The principal cause of death and related causes of importance were as follows:
cerebral hemorrhage
131
 Other contributory causes of importance:
arteriosclerosis, general
chr. wt. nephritis
chr. myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinical 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 Narcosis (Signed) Narcosis, M. D.
 (Address) De Soto Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *C. J. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *Desloge, Mo*

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.)

If this body is not embalmed, above space should be left blank.