

REC'D JUL 22 1938

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

2
22562

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
(b) Township Polk Primary Registration District No. 3-827 Registered No. 625
(c) City (d) Street No.
(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 Almina Espey 210

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allison Espey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 3 12

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville, Mo. 013. NAME W.B. Shinabargar 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 115. MAIDEN NAME Sarah Butler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Chester Espey
(ADDRESS) Maryville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Whitecloud Cem DATE June 9 193819. FUNERAL DIRECTOR Price Funeral Home
(ADDRESS) Maryville, Mo.20. FILED 6-8 19 38 Mamie E. Clark
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 193822. I HEREBY CERTIFY that I attended deceased from May 24, 1938 to June 7, 1938I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Rupture left meningeal artery Date of onsetOther contributory causes of importance:
Generalized Arteriosclerosis with HypertensionName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No23. 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Chas. Rice, M. D.(Signed) Maryville, 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.

STATEMENT BY LICENSED EMBALMER

I, Clin M. Price....., Licensed Embalmer No. 1822
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Clin M. Price
Licensed Embalmer No. 1822

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.)