

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

# 26416

Do not use this space.

REC'D AUG 26 1938

**1. PLACE OF DEATH**

(a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A  
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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 Douglas 242

(a) Residence, No. Bonne Terre, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ? not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 ? ?

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

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

FATHER 13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) State Hospital No. records Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo. DATE 7-21 1938

19. FUNERAL DIRECTOR (ADDRESS) Benham Funeral Home Bonne Terre, Mo.

20. FILED July 19, 1938 T. J. Robinson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1933, to July 19, 1938.  
 I last saw h. or alive on July 19, 1938. Death is said to have occurred on the date stated above, at 2:30 P.m.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized & marked  
186  
 Date of onset ?  
 Other contributory causes of importance:  
Intraosseous fracture of left femur 7/17/38  
Bronchopneumonia, terminal 7/19/38

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 7/17, 1938  
 Where did injury occur? Farmington, St. Francois Co. Missouri  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
On Hospital ward  
 Manner of injury Accidental fall while agitated  
 Nature of injury Intraosseous fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) C. E. Quilt, M. D.  
 (Address) Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

I, C. J. Claywell, Licensed Embalmer No. 3706  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. J. Claywell  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. J. Claywell  
Licensed Embalmer No. 3706

**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.)**