

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

Do not use this space.

REC'D AUG 7 6 1938

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City (near) Farmington (No. State Hospital No 4) Ward

26421

File No. _____
 Registered No. 97

2. FULL NAME Mary Catherine (Mollie) Hale 400
 (a) Residence, No. Leadwood, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. P. Hale

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

7. AGE YEARS 69 MONTHS ? DAYS ? If LESS than 1 day, _____hra. or _____min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, 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 0

13. NAME Frank Morris 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 0

15. MAIDEN NAME Frankie Smith

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

17. INFORMANT Records of State Hospital #4
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leadwood Mo. DATE July 30th, 1938

19. UNDERTAKER Caldwell Bros.
 (ADDRESS) Flat River, Mo.

20. FILED July 28, 1938 737 Robinson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28th, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 23d, 1938, to July 28th, 1938
 I last saw her alive on July 28th, 1938 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Cerebral Hemorrhage (apoplexy) Date of onset ?
7.26.38

Other contributory causes of importance: 82 Act

Name of operation None Date of _____

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? _____ 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 _____

(Signed) C. L. Hodges, M. D.

1699 (Address) Farmington Mo

State Hosp

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, W. A. Baldwin, Licensed Embalmer No. 3317

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

embalmed by _____ L.E.

No. _____ or by

_____, Registered Apprentice No. _____

Working under my personal supervision.

Signed W. A. Baldwin

Licensed Embalmer No. 3317

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.)