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

Do not use this space.

File No. 30144

Registered No.

1. PLACE OF DEATH
County: Stoddard
Township:
City: Dexter (No. ..., St. ..., Ward)

Registration District No. 839
Primary Registration District No. 4509

2. FULL NAME: Margaret Wheeler Terry

(a) Residence, No. ..., St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: D. P. Terry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 13, 1878

7. AGE: Years 60 | Months 7 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher
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): Auburn, Ky.

FATHER
13. NAME: J. W. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER
15. MAIDEN NAME: Elizabeth Hatcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT: J. Will Smith,
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Auburn, Ky. DATE: 9/1/38, 19..

19. UNDERTAKER: Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 9/10, 1938 Margaret Boone Deputy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Aug. 31, 1938, 19..
I last saw her alive on Aug. 31, 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:

	Date of onset
Chronic Nephritis	Dec. 37

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Exam Was there an autopsy?

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?
If so, specify: No

(Signed) W. C. Dickerson, M. D.
(Address) Dexter, Mo.