

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.

SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County Washington  
Township Richwoods  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 889  
Primary Registration District No. 6189

File No. 30282

Registered No. \_\_\_\_\_

2. FULL NAME

Mary Louise Recor

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Recor</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Washington Co. Mo.</u>				
FATHER	13. NAME <u>John Merselle</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Agnes Sampson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>Fred Recor Richwoods Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richwoods Mo.</u> DATE <u>June 26, 1938</u>				
19. UNDERTAKER (ADDRESS) <u>W. H. D. ... Richwoods Mo.</u>				
20. FILED <u>6-25</u> , 19 <u>38</u> <u>W. H. D. ...</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937 to 6/24, 1938

I last saw her alive on 6/23, 1938 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Cerebral thrombosis Date of onset 6/23/38

Other contributory causes of importance:  
Chronic Intestinal Obstruction

Name of operation Lob Date of \_\_\_\_\_

What test confirmed diagnosis? Lob 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) W. H. D. ..., M. D.  
(Address) Dr. ...

