

REC'D OCT 24 1938

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

32629  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Lewis Registration District No. 477  
(b) Township Canton Primary Registration District No. 4286 Registered No. 56  
(c) City Canton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 E. Tuley 1938  
(a) Residence, No. \_\_\_\_\_ St.  (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>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 2 - 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Jan 7 - 1938</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Mo</u>	13. NAME <u>Richard Fassend</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Gravis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Charles Tuley</u> <u>Canton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Luke's</u> No. _____ DATE <u>9-6</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>F. S. Kelly</u> <u>Canton Mo</u>		
20. FILED <u>Sept. 6, 1938</u> <u>H. W. Harris</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-1 1938, to 9-4 1938.  
I last saw him alive on 9-4 1938. Death is said to have occurred on the date stated above, at 9A, m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage (paralytic stroke)  
Date of onset 9-1-38

Other contributory causes of importance  
none so far as I know

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Dr. Carl Porter D.O.  
Canton Mo. M.D.  
4286 (Address)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 10-38-268  
Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, W. D. Kelly, Licensed Embalmer No. 1955-  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Kelly

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed W. D. Kelly  
Licensed Embalmer No. 1955-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)