

OCT 25 1938

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

32731
Do not use this space.

1. PLACE OF DEATH

(a) County MADISON Registration District No. 547
(b) Township MADISON Primary Registration District No. 3029 Registered No. 240
(c) City HANNIBAL (d) Street No. LEYENING HOSPT. 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. 21 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY ANNIS DAILEY 450
(a) Residence, No. PARIS, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 13 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHAS. A. DAILEY

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1938, to Sept 13, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 14, 1870

I last saw h. w. alive on Sept 12, 1938. Death is said to have occurred on the date stated above, at 1:25 P.M.

7. AGE YEARS 68 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as law mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Organic heart - led to
gave history of having the
same trouble when I said
her.
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT. STERLING ILL.

Other contributory causes of importance: ASB

FATHER 13. NAME JOHN HOOVES

Name of operation none Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT. STERLING ILL.

What test confirmed diagnosis? Funeral as there an autopsy?

MOTHER 15. MAIDEN NAME CAROLINE WATKINS

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT. STERLING ILL.

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) CHAS. A. DAILEY

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE PARIS, MO.
PRESANT HILL DATE SEPT 15, 1938

Manner of injury

19. FUNERAL DIRECTOR (ADDRESS) SPEED & BLAKEY,
PARIS, MO.

Nature of injury

20. FILED Sept 14, 1938 J. O. Fisher
Local Registrar

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) A. L. Shaver, M. D.
(Address) Paris, Mo.

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, G. B. Blakey, Licensed Embalmer No. 2616
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed G. B. Blakey
Licensed Embalmer No. 2616

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.)