

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

33101
 Do not use this space.

REC'D OCT 26 1938

1. PLACE OF DEATH

(a) County Randolph Registration District No. 731
 (b) Township _____ Primary Registration District No. 4436 Registered No. 11
 (c) City Clifton Hill (d) Street No. _____ 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Smith O'Connor 256
 (a) Residence, No. _____ 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

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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Randolph Co., Va.

FATHER 13. NAME Jim Morsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Elizabeth Jane Kitcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs. Mabel Keynote Clifton Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clifton Hill DATE Sept 14 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton Humboldt Mo

20. FILED Oct 12 1938 J. Brodshew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1938 to Sept 13 1938
 I last saw him alive on Sept 13 1938 Death is said to have occurred on the date stated above, at 1:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Coronary Arteriosclerosis
Myocardial Infarction

Date of onset Sept 11 1938

Other contributory causes of importance: Senility
Arteriosclerosis

Name of operation _____ 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? _____ 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. D. Johnson
 (Address) Humboldt Mo

RECEIVED

District Health Officer No. 10

District File Number 1038-351

Date Filed 10-11-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

If this body is not embalmed, above space should be left blank.