CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 18 1938

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

Do not use this space.

35946

File No. 79

Registered No.

1. PLACE OF DEATH

County Jackson

Township Washington

City Grandview (No. ..... St. ..... Ward)

Registration District No. 204

Primary Registration District No. 5338

2. FULL NAME Margaret May Hisey

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

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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 4, 1874

7. AGE: Years 64 Months 7 Days 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co Mo.

FATHER

13. NAME: Richard Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Johanna Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): E. P. Hisey Grandview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Moriah Cem. DATE: 10/22 1938

19. UNDERTAKER (ADDRESS): E. K. George and Son Grandview, Mo.

20. FILED 11-2- 1938 Mr Jos T. Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct ~~20~~ 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1938, to Oct ~~20~~ 19, 1938

I last saw h~~er~~ alive on Oct ~~20~~ 19, 1938. Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Myocarditis.	

Other contributory causes of importance:

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?

If so, specify

(Signed) R. M. Miller, M. D.

(Address) Belton Mo.