

REC'D DEC 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County LaurenceRegistration District No. 470Township Mt. VernonPrimary Registration District No. 5633City Mt. Vernon(No. Missouri State Sanatorium) SanatoriumFile No. 33645Registered No. 140

(St. \_\_\_\_\_)

(Ward \_\_\_\_\_)

## 2. FULL NAME

(a) Residence, No. Nesho, R 3 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. 2 mos. 17 ds.

yrs.

ds.

How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

FemaleWhiteMarried

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

Franka Ball

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

July 22, 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

34325

OCCUPATION

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

Housewife

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

May 2, 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nesho, Missouri

MOTHER

13. NAME

Silas Mahan

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

Mt. Donald Co. Missouri

15. MAIDEN NAME

Lyilla Bingley

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

Mt. Donald Co. Mo

17. INFORMANT (NAME AND ADDRESS)

Michael Reed Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLACE Capone Cem DATE Nov 11 1938

19. UNDERTAKER (ADDRESS)

Fogey's Funeral Home Dubuque Mo

20. FILED

Nov 15, 1938 P. A. Holmes

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Aug 30, 1938, to Nov 15, 1938I last saw her alive on Nov 15, 1938. Death is saidto have occurred on the date stated above, at 2:45 P. m.

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

Pulmonary Tuberculosis Date of onset March 1938

Other contributory causes of importance:

Tuberculous Laryngitis  
Tuberculous Enteritis

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? no 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) J. J. Fogey

\_\_\_\_\_, M. D.

(Address) Mt. Vernon, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

P 1 X314

RECEIVED

District Health Officer No. 6,

District File Number 6-38-670

Date Filed DEC 6 1938