

DEATH DEC 13 1938

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

40245  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773  
(b) Township St. Francois 1 Primary Registration District No. 6018A Registered No. 160  
(c) City Farmington (d) Street No. State Hospital No 4 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 420 Mamie C. Black

(a) Residence, No. Thayer, 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

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 C. W. Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
63 6 15

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Port Leydon (STATE OR COUNTRY) New York

13. NAME Henry Wheelock

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

15. MAIDEN NAME Helen Stinson

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

17. INFORMANT State Hospital #4 Records (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Thayer, Mo. DATE 11-25, 1938

19. FUNERAL DIRECTOR (NAME) Needell (ADDRESS) Farmington, Mo.

20. FILED Nov 25, 1938 V. J. Robinson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-38, 19

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1937, to November 25, 1938

I last saw h. alive on November 24, 1938. Death is said to have occurred on the date stated above, at 1:05 A.M.

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

Atherosclerosis, generalized & marked Date of onset ?

Other contributory causes of importance:

Psychosis with Chronic Atherosclerosis Oct 1937  
Bronchopneumonia, terminal 11/23/38

Name of operation None Date of ?

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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)

(Address) C. C. Ault, M. D.  
Farmington, Mo.

REC-5  
AUG 29 1960

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, \_\_\_\_\_

*C J Lloyd*

or by *me*

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision. *Sturdevant and Co*

Signed *C J Lloyd*

Licensed Embalmer No. *3527*

P. O. Address *Farmington Mo*

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

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