

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.

JUL 24 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
 38 County Gentry Registration District No. 314  
 Township Stanherry Primary Registration District No. 4190  
 City Stanherry (No. 530)  
 2. FULL NAME Margaret Luthery St. Mo. Ward. 26  
 (a) Residence, No. 530 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 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 James M. Smith  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1860  
 7. AGE YEARS 78 MONTHS 5 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.  
 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. Housewife  
 10. Date deceased last worked at this occupation (month and year) 11-25-1938 11. Total time (years) spent in this occupation 121  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Gentry Missouri  
 13. NAME Hiram Roland  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 15. MAIDEN NAME Margaret Luthery  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
 17. INFORMANT James M. Smith  
 (ADDRESS) Stanherry Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Highridge DATE 12-5 1938  
 19. UNDERTAKER J. E. Johnson  
 (ADDRESS) Stanherry Mo.  
 20. FILED 12-14 1938 C. B. Bernat  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to Dec 3, 1938  
 I last saw him alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 3:30 p. m.  
 The principal cause of death and related causes of importance were as follows:  
acute myocardial infarction  
of a chronic interstitial nephritis  
 Date of onset 121  
 Other contributory causes of importance:  
 Name of operation none Date of none  
 What test confirmed diagnosis? path Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury none, 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 none  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify none  
 (Signed) H. A. Simpson, M. D.  
 (Address) Stanherry, Mo.  
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