

1938 JAN 20

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

Do not use this space.

1. PLACE OF DEATH

County Bullion
Township Peoria
City Green City (No. _____)

Registration District No. 849
Primary Registration District No. 4515

File No. 44696
Registered No. 86
St. _____ Ward _____

2. FULL NAME Mrs Marion Law

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Marion Law

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 2 21

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

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

FATHER 13. NAME John Cheyney

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

MOTHER 15. MAIDEN NAME America Henderson

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

17. INFORMANT (ADDRESS) Trace Elam Green City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrick DATE 12-18-1938

19. UNDERTAKER (ADDRESS) Gleason E. Keel 711 Green City Mo

20. FILED Dec 30 1938 Virginia Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Dec 16, 1938

I last saw him alive on Dec 13, 1938 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Chronic Valvular Disease of Heart Date of onset _____

Other contributory causes of importance: g2 n

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) W. H. H. M.D. M. D.

(Address) Green City Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-1068

Date Filed 1/13/39