REC'D FEB 27 1939

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

3736
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A Registered No. 11

(c) City ~~Farmington~~ near (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 500 MINNIE DEAN

(a) Residence, No. Perryville, Mo. Route #1 St.
(Usual place of abode, if no street address, write county or city) (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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single May 25

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ~~1-24-39~~ ~~Apl 24~~ 1880

7. AGE: YEARS 58 | MONTHS ~~9~~ 7 | DAYS ~~0~~ 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) (STATE OR COUNTRY): Perry County, Missouri. 0

FATHER
13. NAME: Thomas M. Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Missouri 0

MOTHER
15. MAIDEN NAME: Mary Omeara 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Missouri

17. INFORMANT (ADDRESS): Records of State Hospt. #4 Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospt. #4 Cemetery DATE 1-25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chas. Richardson Farmington, Mo.

20. FILED Jan 24 1939 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 1939

22. I HEREBY CERTIFY, That I attended deceased from November 17, 1938, to January 24, 1939
I last saw her alive on January 23, 1939. Death is said to have occurred on the date stated above, at 11:50 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized & moderate	?
Lobar Pneumonia, Left	
1	

Other contributory causes of importance:

Mental Deficiency with Psychosis (Indb.) plus secondary epilepsy	1937
Chronic Arteriosclerotic Heart Disease with moderate decompensation	?

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

(Licensed Embalmer's Statement on Reverse Side)

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.

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~~, Not Embal

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Chas Richardson

Licensed Embalmer No. 3167

P. O. Address Farmington M

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.