

RECEIVED 3

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Middlefork
City Worth (No. 100)

Registration District No. 902
Primary Registration District No. 100

File No. 4274
Registered No. 4274
St. Ward

2. FULL NAME Mary Elizabeth Dye

(a) Residence, No. Worth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep, 12 1878</u>			
7. AGE <u>60</u>	YEARS <u>5</u>	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.			

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>House wife</u>
	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) Worth County
(STATE OR COUNTRY)

13. NAME William Wallace Hall

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

15. MAIDEN NAME Nancy Emiline Parrish

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

17. INFORMANT Opel Murdock
(ADDRESS) Worth Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnes Cemetery DATE Jan, 19 1939

19. UNDERTAKER Hayes Andrews
(ADDRESS) Worth Mo.

20. FILED 2/7 1939 Worth Mo.
Worth Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17 1939

22. I HEREBY CERTIFY that I attended deceased from Aug 15 1938 to Jan 16 1939
I last saw him alive on Jan 16 1939 Death is said to have occurred on the date stated above, at 7 P. M.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Date of onset

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (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?
If so, specify None
(Signed) W. H. Hall M. D.
(Address) Worth Mo.

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.

531

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4274
Do not use this space.

1. PLACE OF DEATH

(a) County Warth Registration District No. 1112
(b) Township Middlefork Primary Registration District No. 6213
(c) City _____ (d) Street No. _____ 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

(a) Residence, No. Mary Elizabeth Dye 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 5 2

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17-1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cancer of the
Primary with
Metastasis
Other contributory causes of importance:

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) Bentley Neal, M. D.

(Address) Brant City Mo

S-4274