

REC'D MAR 23 1939

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

7692
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. 15
 (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 40 MARY JANE HALE

(a) Residence, No. Marquand, Mo. 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 Widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1st Benton Skaggs, 2nd Wash Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 12

OCCUPATION 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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Benton Skaggs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Missouri

MOTHER 15. MAIDEN NAME Bruce
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Records of State Hospital No. 4
 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Marquand, Missouri DATE Feb. 5th 1939

19. FUNERAL DIRECTOR (NAME) Homan and Company
 (ADDRESS) Marquand, Missouri

20. FILED Feb 4 1939 B. J. Robison
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-20-35, 1935, to 2-4, 1939

I last saw or alive on 2-4, 1939. Death is said to have occurred on the date stated above, at 1:05p m.

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

Arteriosclerotic heart disease Date of onset 1926
chronic coronary
Pellagra 6-2 1938

Other contributory causes of importance: Generalized arteriosclerosis 1924

Name of operation none Date of
 What test confirmed diagnosis? Clin 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) Paul J. Shadov M. D.
 (Address) State Hosp # 4

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,

....., or by

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

Signed.....

Adman Ho
Adman Ho

Licensed Embalmer No.....

P. O. Address.....

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.