

DEC'D MAR 20 1939

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

7977
Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 827
(b) Township Clarence Primary Registration District No. 4500 Registered No. 8
(c) City Clarence (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

MARGERY E. WILLEY
(a) Residence, No. Clarence Mo. St. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1860

7. AGE 78 YEARS 7 MONTHS 12 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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. Retired Farmer
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) Illinois

FATHER 13. NAME Joseph Williamson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

MOTHER 15. MAIDEN NAME don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Mr. Joe Willey

18. BURIAL, CREMATION, OR REMOVAL PLACE maplewood DATE 2/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Muller & Kibler

20. FILED Feb 4 1939 Roy Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 - '39

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, 19____, to Feb 1939, 19____.

I last saw h. er alive on Feb 28 1939, 19____. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
Feb 26
1939

Other contributory causes of importance:

hypertension 19381938

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

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 _____
(Signed) P. L. Harean, M. D.

(Address) 751 Clarence, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-455

Date Filed MAR 14 1939

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 self

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

Signed Martin C. McQuinn
Licensed Embalmer No. 3957
P. O. Address Helena, Mo.

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.