

REC'D APR 15 1939

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

10630
Do not use this space.

1. PLACE OF DEATH
(a) County Dade Registration District No. 237
(b) Township _____ Primary Registration District No. 4144 Registered No. _____
(c) City Greenfield (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Maggie D Whaley
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3- 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) Greenfield Mo

FATHER 13. NAME Mason Talbutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Mo

MOTHER 15. MAIDEN NAME Clara Kimber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville Ill.

17. INFORMANT (ADDRESS) William Whaley
Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenfield DATE 3-3-39

19. FUNERAL DIRECTOR (ADDRESS) Fugate-Cox-Harrison
Greenfield Mo

20. FILED 3-4- 1939 Chas L. Weir
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Mar 2, 1939
I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 6.20 Am.

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

paralysis agitans
g m b

Date of onset

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) M. D. Cowan M. D.Address Greenfield Mo

WRITE PLAINLY, WITH OMPANING INK--THIS IS A PERMANENT RECORD
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, F. L. Quinlivan, Licensed Embalmer No. 3786

hereby certify that the body recorded on the reverse side of this certificate was ^{not} embalmed my self

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed F. L. Quinlivan

Licensed Embalmer No. 3786

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.)