

REC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH  
 County Phelps Registration District No. 678  
 Township \_\_\_\_\_ Primary Registration District No. 4404  
 City St. James (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary E. Bare  
 (a) Residence, No. St. James St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. — mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. 15801

Registered No. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allen Bare  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 6 12  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 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) 1-1-1939 11. Total time (years) spent in this occupation 20.70  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enos Ill  
 13. NAME Wm Wheeler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 15. MAIDEN NAME Mary Lee  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT Myrtle Fisher  
 (ADDRESS) Easton, Ill  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Masonic Cem DATE 4-21 1939  
 19. UNDERTAKER W E Richleder  
 (ADDRESS) St James Mo  
 20. FILED 5741 1939 Elaie B. Hawk  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19- 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1939, to April 19- 1939  
 I last saw her alive on April 15- 1939. Death is said to have occurred on the date stated above, at 6:25 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset 1939  
 Other contributory causes of importance: g. 20 W  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no  
 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) Watrous & Brewer M. D.  
611 (Address) St James, Mo

WRITE PLAINLY, WITH UNFADING 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.

1-28314

