

REC'D JUN 13 1939

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

18966
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
(b) Township Wacker Primary Registration District No. 3022 Registered No. 30
(c) City Desoto (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 45 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARGARET HEARST
(a) Residence, No. 322 W. Clement St. (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Hearst</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1872</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>6</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	
	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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>		
FATHER	13. NAME <u>Thomas Poston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Eva Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>	
17. INFORMANT (ADDRESS) <u>Robert Hearst Desoto Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City - Desoto</u> DATE <u>May 8, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Motherhead Desoto - Mo.</u>		
20. FILED <u>6/6</u> 1939 <u>Jenevieve</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to May 6, 1939
last saw her alive on May 5, 1939. Death is said to have occurred on the date stated above, at 9:00 a m.
The principal cause of death and related causes of importance were as follows:
Metabolic degeneration of heart not known Date of onset _____
5A
Other contributory causes of importance:
Diabetes Mellitus not known

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Hattie Gibson, M. D.
Desoto, Mo (Address)

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.

L. E. - [Signature]

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)