

RECD JUL 6 1939

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

22648  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 542  
(b) Township Jackson Primary Registration District No. 5731  
(c) City Vienna (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 Mary Kathryn Haggerty

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1925

7. AGE YEARS 13 MONTHS 7 DAYS 3 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. \_\_\_\_\_  
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 0

13. NAME Pete Haggerty 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Clara Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Pete Haggerty  
Vienna Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Vienna Cemetery DATE May 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred G. Gilbert  
Vienna, Mo.

20. FILED 5/20/1939 Marion Co. Ind.  
-Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to May 11, 1939  
I last saw her alive on May 10, 1939 Death is said to have occurred on the date stated above, at 5 A.M.  
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset \_\_\_\_\_  
Other contributory causes of importance: 108

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? \_\_\_\_\_ 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. J. Jones, M. D.  
483 (Address) Vienna, Mo.

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, .....

*May 11*

....., or by .....

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

Signed .....

*Fred W. Gillette*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, 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.**