

AUG 11 1939

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

26549
Do not use this space.

1. PLACE OF DEATH ³ *Pike*

(a) County *Wash* Registration District No. *689*

(b) Township *Buffalo* Primary Registration District No. *5917*

(c) City *Elberly* (d) Street No. *Enroute in an ambulance to Hospital*
(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 S. Wixers*

(a) Residence, No. *Elberly 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 *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 24 - 1889*

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

<i>49</i>	<i>9</i>	<i>29</i>	
-----------	----------	-----------	--

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. *House Wks*

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) *Near Tracy Mo*

FATHER

13. NAME *Wm. Wixers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER

15. MAIDEN NAME *Frances Willis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lincoln Mo*

17. INFORMANT (ADDRESS) *Mr. J. O. Libley
Elberly Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Elberly Cem* DATE *July 26 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. D. Bradley
Elberly Mo*

20. FILED *7-24 1939* *J. H. H. Jr.* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-23-1939*

22. I HEREBY CERTIFY, That I attended deceased from *3-26 1936* to *7-23 1939*

I last saw her alive on *7-23 1939* Death is said to have occurred on the date stated above, at *4:45 P.M.*

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

Ruptured Aorta

Date of onset

Other contributory causes of importance: *177
Food Poisoning 9/9*

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

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) *H. Hallaway M.D.* (Address) *Elberly 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.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1338

Date Filed AUG 4 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,

W W Bradley

or by

Registered Apprentice No. _____ Working under my personal supervision.

Signed

W W Bradley

Licensed Embalmer No.

3966

P. O. Address

Eds Perry, 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.