

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.

1939 NOV 7 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Barton 2 Registration District No. 39
 Township Golden City 1 Primary Registration District No. 40.23
 City Golden City (No. 540) St. _____ Ward _____
 2. FULL NAME Mary Esther Binnell
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 35417

Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. J. Binnell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 - 23
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Udame Co Ill.
 FATHER
 13. NAME John Hendrickson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio
 MOTHER
 15. MAIDEN NAME Charlotte Gardner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio
 17. INFORMANT (ADDRESS) Mrs Della Hubbard Golden City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel, Mo. DATE October 5, 1939
 19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City, Mo.
 20. FILED Oct 5, 1939 Mrs Margaret Gene Jay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 10, 1936 to Oct 3 - 1939
 last saw him alive on Oct 2, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic mitral disease of heart - suppurated upon Ductus Arteriosus
 Date of onset second year 1930
 Other contributory causes of importance: 59
 Name of operation none Date of _____
 What test confirmed diagnosis? Chromed 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? Yes
 If so, specify _____
 (Signed) J. M. Bessy, M. D.
 (Address) Golden City, Mo.

RECEIVED

District Health Officer No. 67

District File Number 1139-2160

Date Filed NOV 3 1939