

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

36180
 Do not use this space.

NOV 24 1939

1. PLACE OF DEATH
 (a) County Harrison Registration District No. 338
 (b) Township Silman Primary Registration District No. 4201 Registered No. _____
 (c) City Silman (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 Maria D Hageity
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	10	28	

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

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) Oct 2, 39

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

FATHER 13. NAME Clingman Donnelly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Maria Bulp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) H. J. Hageity, Silman City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Silman Cem. DATE Oct 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Haines, Silman City Mo.

20. FILED 11/9 39 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:
Suicide
 Date of onset 10/9

Other contributory causes of importance:

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: Suicide Date of injury Oct 9, 1939
 Where did injury occur? Silman City Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home
 Manner of injury Revolver
 Nature of injury Wound in Right temple

24. Was disease or injury in any way related to occupation of deceased? H
 If so, specify _____ (Signed) Joe E. Wheeler Coroner
 (Address) Bethany Mo.

I X14028
 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.

District No. _____

District File Number 1139-1526

Date Filed NOV 7 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, _____, or by W.D. Haines.

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

Signed W.D. Haines
Licensed Embalmer No. 942
P. O. Address Gilman, Ct, 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.