FILED JUL 15 1940

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

Do not use this space.

22459

File No.
Registered No.

1. PLACE OF DEATH
County: Ozark
Township: Pontlevoy
City: (No. St. Ward)
Registration District No.: 660
Primary Registration District No.: 6861

2. FULL NAME: Mary Jane Hathcock
(a) Residence, No. 322 (Usual place of abode) Ozark Co. Sec. Rural (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.

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: Neely Hathcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR):

7. AGE: Years 79 Months 1 Days 25 If LESS than 1 day, hrs. or min.

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): Ozark County Mo

FATHER
13. NAME: Jasper Rissenbowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Rachel Dunigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Gillis Thompson

18. BURIAL, CREMATION, OR REMOVAL: PLACE Edwards Cem DATE July 16 1940

19. UNDERTAKER (ADDRESS): O. R. McClure

20. FILED 7-8 1940 O. S. Gaithcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1940, to, 19..
I last saw her alive on May 24, 1940. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Date of onset 2 years

46

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? — 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?
If so, specify

(Signed) M. J. Hoerman, M.D.
(Address) Gainesville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

RECEIVED
District Health Officer No. 6,
District File Number 740—2852
Date Filed JUN 11 1940

JUL 11 1940

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed

. No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23457

Registration District No. 6570 Primary Registration District No. 3861 Registrar's No.

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Richland T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ozark
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Jane Hathcock
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 79 Months 1 Days 25. If less than one day hr. min.
9. Birthplace Ozark Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Jasper Reed Brown
13. Birthplace Bonneville (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Rachel Dunnegan
15. Birthplace Bonneville (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Thompson
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7-8-1940 (Date received local registrar) (b) O. S. Cleffbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 25. year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. J. Hoeman (M. D. or other)
Address Bonneville Date signed

SUPPLEMENTARY