

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20-1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3279

State File No.

Registration District No. 125-1

Primary Registration District No. 5962

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ralls
 (b) City or town Saline Jwp
 (c) Name of hospital or institution Monroe City R.F.D. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Catherine Rhoda Tooley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George W. 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased November 23 1860
 (Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 2 If less than one day hr. 4 min.

9. Birthplace Ralls County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name James F. Cassidy
 13. Birthplace D.K. Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Calista Hinton
 15. Birthplace D.K. Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mo. Carrie Hamilton
 (b) Address Monroe City, Mo R. 2

17. (a) Burial (b) Date thereof 1/28/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Jukes Cemetery

18. (a) Signature of funeral director WILSON SONS
 (b) Address Monroe City, Mo

19. (a) (Date received local registrar) 11-20 (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
 (c) City or town Monroe City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 117 2nd Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 14 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17 to Jan 25, 1942
 that I last saw her alive on Jan 25, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
following stroke of the
cardiac vascular system
 Due to falling down in front
of store & fracture
of the right femur
at shoulder
 Other conditions senility
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

Duration

1 week

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) Accidental fall
 (b) Date of occurrence Jan 17-1942
 (c) Where did injury occur? Monroe City, Monroe Co
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home - front walk
 While at work Walking (Specify type of place) (e) Means of injury fall

23. Signature M. D. O'Sullivan (M. D. or other) MD
 Address Monroe City, Mo Date signed 2/7/42

RECEIVED

District Health Officer No. 10

District File Number 2-42-322

Date Filed FEB 19 1942

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, by me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lucie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3279**
Registrar's No.

Registration District No. **930**

Primary Registration District No. **5962**

1. PLACE OF DEATH

(a) County **Call**
(b) City or town **Rural**
(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
In this community years, months or days)

3. (a) PRINT FULL NAME

Catherine R. Touley

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 **W**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive
7. Birth date of deceased **Nov 23**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **2** If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(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) **1/28/42** (b) **Mrs. Earl Perkins**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. (Immediate cause of death)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

1. The first step in the process of the scientific method is to make an observation or ask a question. For example, a scientist might observe that a plant grows better in one type of soil than another.

2. Next, the scientist forms a hypothesis, which is a prediction or an educated guess about the outcome of an experiment. For instance, the scientist might hypothesize that the plant will grow taller in soil A than in soil B.

3. The third step is to design and conduct an experiment to test the hypothesis. This involves setting up a controlled experiment where the only variable that changes is the type of soil.

4. After the experiment is completed, the scientist collects data and analyzes the results. If the plant in soil A is indeed taller, the hypothesis is supported.

5. Finally, the scientist draws a conclusion based on the results. If the hypothesis is supported, the scientist might conclude that soil A is better for growing this particular plant.

6. The process of the scientific method is iterative, meaning that scientists often repeat experiments or make adjustments based on their findings.

7. It is important to note that the scientific method is not a linear process; scientists often revisit previous steps as they learn more about their subject.

8. The scientific method is a systematic approach to understanding the natural world, and it is the foundation of modern science.

9. By following the scientific method, scientists can ensure that their findings are based on evidence and are not influenced by personal biases.

10. The scientific method is a powerful tool that allows scientists to explore the unknown and make discoveries that can improve our lives.