

MAR 19 1936

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

Do not use this space.

5601

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Springfield Primary Registration District No. 3300
City Calhoun Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Margie Cary
(a) Residence, No. Calhoun Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Omaga Cary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-10-1886</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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 <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calhoun Mo</u>		
13. NAME <u>L. E. Hankins</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
15. MAIDEN NAME <u>Cornor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Omaga Cary</u> <u>Calhoun Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>2-8</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. Harrison Funeral Home</u> <u>Calhoun Mo</u>		
20. FILED <u>2-7</u> 19 <u>36</u> <u>Mrs. A. A. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1936

22. I HEREBY CERTIFY, That I attended deceased from 6th 1936 to 6th 1936
I last saw h. on alive on 6th 1936 Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Result of injuries from cut on front one finger this was caused preceded by a heart attack.
Date of onset _____
Other contributory causes of importance:
Had been ill since months.
Name of operation _____ Date of _____
What test confirmed diagnosis? 190 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.
In public place
Manner of injury fall of iron rusty
Nature of injury cut on finger result of fall
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. L. Harrison M. D.
(Address) Calhoun Mo Englewood

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.

