

FEB 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5604

1. PLACE OF DEATH

County Hany
Township Quincy
City Marion (No. _____)

Registration District No. 352
Primary Registration District No. 4209

File No. _____
Registered No. 3 St. _____ Ward)

2. FULL NAME Mary O'Fayle

(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 3 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 — 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Coffeyville (STATE OR COUNTRY) Kans.

10. NAME OF FATHER Thomas Simon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) un kno (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

14. INFORMANT Emma O'Fayle (Address) Marion Mo

15. FILED Feb 7, 1936 J M Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 4 1936

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1936, to February 4, 1936, that I last saw her alive on February 4, 1936, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

pneumonia lobes

CONTRIBUTORY (SECONDARY) 03 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Montion mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS symptoms & physical findings
(Signed) A L Hanson M. D.

July 7, 1936 (Address) Appleton City Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL 2/6 1936

20. UNDERTAKER* J Lencartz ADDRESS Montion Mo

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.

