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.

APR 26 1932

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

Do not use this space. 7959

1. PLACE OF DEATH

34 County Douglas — Registration District No. 281 — File No.

Township Washington — Primary Registration District No. 5400 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Margaret J Dysart

(a) Residence, No. Springfield Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1857

7. AGE — YEARS 74 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Springfield Mo. 1

FATHER

13. NAME John T. Dysart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

MOTHER

15. MAIDEN NAME Sally A. Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Cloud Dysart Arno Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Comfort Greene Co Mo DATE 3/30 1932

19. UNDERTAKER (ADDRESS) J. H. Klinger

20. FILED 3-29 1932 G. D. Hale Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to March 27, 1932

I last saw her alive on March 27, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

VOC A

Date of onset

Other contributory causes of importance:

1

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? No

If so, specify .....

(Signed) M. C. Gratry, M. D.

(Address) Ava Mo