

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11743

1. PLACE OF DEATH
 County Buchanan Registration District No. 25
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. State Hosp #2) St. _____ Ward _____
 Registered No. 424

2. FULL NAME Mary Chase
 (a) Residence No. _____ St. _____ Ward. Gallatin Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 8 mos. 9 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>7</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Daniel Murrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Hope Shedmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Ohio

14. INFORMANT Rebecca State Hosp #2
 (Address) St. Joseph Mo

15. John R. Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1932

17. I HEREBY CERTIFY, That I attended deceased from August 19, 1931, to April 28, 1932 that I last saw h. alive on April 28, 1932, and that death occurred, on the date stated above, at 9:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
 (duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) 891A
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No (1)

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) D. Clayton Smith, M. D.
4/28, 1932 (Address) State Hospital #2 St. Joseph, 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 Gallatin Mo. DATE OF BURIAL April 29, 1932

20. UNDERTAKER J. G. Hope ADDRESS Gallatin Mo.

APR 28 1932

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.

MAY 28 1932

