

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

Do not use this space.

OCT 8 1934

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. 33147
 Township Primary Registration District No. 3020 Registered No.
 City Carthage (No. St. Ward)

2. FULL NAME

Mary E. Pall
 (a) Residence, No. 602 Grant St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Rev. Roy S. Ball</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1, 1890</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>4</u>
		DAYS
		<u>25</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	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.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seavard Nebraska</u>		
FATHER	13. NAME <u>Joe Schrock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Fanny Kresman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Illinois</u>	
17. INFORMANT (ADDRESS) <u>Rev. R. S. Ball 602 Grant - Carthage</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Fitchman</u> DATE <u>Sept 28</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Wells Mortuary Carthage Mo</u>		
20. FILED <u>Sept 28, 1934</u> <u>J. P. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1934

22. I HEREBY CERTIFY, That I attended deceased, from Oct 20, 1933, to Sept 26, 1934
 I last saw her alive on Sept 25, 1934. Death is said to have occurred on the date stated above, at 8:20 A. m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset (?)
Carcinoma of lung
 Other contributory causes of importance: ca. multiple Metastasis

Name of operation none Date of
 What test confirmed diagnosis? X-ray 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.

Manner of injury none
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) George H. Wood, M. D.
 (Address) Garthage 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

