

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

32397
Do not use this space.

REC'D OCT 21 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554 Registered No. 246
 (c) City Independence (d) Street No. Indiana Lane & No. River Blvd St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Mary A. Rule
Indiana Lane & No. River Blvd (Usual place of abode, if no street address, write county or city) (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 <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE <u>Edward Y. Rule</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>		
9. Industry or business in which work was done, as 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>no record Indiana</u>		
13. NAME <u>Catrick Martin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record Ireland</u>		
15. MAIDEN NAME <u>Bridget Mitchell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record Ireland</u>		
17. INFORMANT (ADDRESS) <u>Mrs. John T. Lee</u> <u>Indiana Lane & No. River Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Monica</u> DATE <u>Sept. 10, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>George C. Carson</u> <u>Independence, Mo.</u>		
20. FILED <u>9-14-38</u> <u>H. L. Cook</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938

22. HEREBY CERTIFY, That I attended deceased from Aug 4, 1938 to Sept 9, 1938
 I last saw him alive on Sept 9, 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Coronary Atherosclerosis
Hypertension
 Other contributory causes of importance: none

Name of operation none Date of none
 What test confirmed diagnosis? Chemical 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) H. Monthly, M. D.
365 Address Independence, Mo.

Date of onset
Aug 2, 1938

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)