

REC'D SEP 14 1939

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

29808
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 614
(b) Township Granby Primary Registration District No. 5816
(c) City _____ (d) Street No. _____ Registered No. 19.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Clark
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 4, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 11 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Unknown Illinois

13. NAME Hamilton M. Cogle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Ruth Morrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown

17. INFORMANT (ADDRESS) John Clark Granby Mo. R#2

18. BURIAL, CREMATION, OR REMOVAL PLACE Granby Cemetery DATE 8-14-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Earley Thompson Neosho Mo.
20. FILED Aug 13 1939 Dr. R. Lewis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 - 1939 to Aug - 12 - 1939
I last saw her alive on Aug - 12 - 1939. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage 8-10-39
131
Other contributory causes of importance: Chronic Nephritis 11-1-29

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? _____
If so, specify _____
(Signed) Cardwell, M. D.
5111 (Address) St. Louis Mo.

RECEIVED

District Health Officer No. 6,

District File Number 939-18-70

Date Filed SEP 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Gail R. Gay

Registered Apprentice No. 189

....., working under my personal supervision.

Signed

Barley Thompson

Licensed Embalmer No. 3259

P. O. Address

Neosho Mo.

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

If this body is not embalmed, above space should be left blank.