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

32551
Do not use this space.

47

1. PLACE OF DEATH
(a) County Iron 2 Registration District No. 1159
(b) Township ~~Bellevie~~w Iron 1 Primary Registration District No. 5549 Registered No. 8
or
(c) City ..... (d) Street No. ..... 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 612 Mary Frances Propes
(a) Residence, No. Graniteville Mo. St. ☐
(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: fem.
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: H.C. Propes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 13, 1869

7. AGE: YEARS 70 | MONTHS 1 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
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): Illinois

FATHER
13. NAME: Jim Middleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Barney Propes, Wommack Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Glover Mo. DATE: Sept 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Norman White & Sons, Ironton Mo.

20. FILED Oct 10, 1939 Mrs. J. A. Townsend, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1939 to Oct. 2nd, 1939
I last saw her alive on Oct. 1st, 1939. Death is said to have occurred on the date stated above, at 11.00A
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	9/30/39
956	

Other contributory causes of importance:

Cerebral Hemorrhage	8/24/39
Chronic cystitis	?
Hypertensive Heart Disease	?

Name of operation ..... Date of .....
What test confirmed diagnosis? none 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? no
If so, specify .....
(Signed) R. E. Harland, M. D.
(Address) Ironton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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