

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County COOPER

Township

City PILOT GROVE (No. 3)Registration District No. 222Primary Registration District No. H135-File No. 4 11687

Registered No. _____

Ward _____

2. FULL NAME

MRS MARY EVA DAY(a) Residence, No. Pilot Grove

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. 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

JOHN ADAM DAY

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

MARCH 10-1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

881129

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

HOUSEWORKER

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) 193011. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

BAVARIA GERMANY

FATHER

13. NAME

JOHN MARTIN

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

BAVARIA GERMANY

MOTHER

15. MAIDEN NAME

ELIZABETH MARTIN

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

BAVARIA GERMANY

17. INFORMANT (ADDRESS)

MRS PHILLIP ESSER PILOT GROVE MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MARTINSVILLE DATE MARCH 12, 1937

19. UNDERTAKER (ADDRESS)

STEGNER-KOENIG BOONVILLE-MO.

20. FILED

Mar-11 1937 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 9 1937

22. I HEREBY CERTIFY, That I attended deceased from

R-24, 1937, to 3-9, 1937I last saw her alive on 3-4, 1937. Death is saidto have occurred on the date stated above, at 4:40 pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis with Decompensation

Date of onset

R. R. Ely

Other contributory causes of importance:

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) J. B. Boley

, M. D.

(Address) Pilot Grove, 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.

