

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

Do not use this space.

29863

1. PLACE OF DEATH

County Winnon

Registration District No. 597

Township Crust

Primary Registration District No. 5793

City..... (No.)

File No.

Registered No. 5-8-4

St. Ward

2. FULL NAME

MARY E DILSE

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1838 OCT 20

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
93 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETARD HOUSE WIFE
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) TERGHAITA IND 2

FATHER 13. NAME HENRY YORK

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

MOTHER 15. MAIDEN NAME MARRY ELLIS

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

17. INFORMANT (ADDRESS) TOM DILES BARNETT MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CLARKSBURG MO DATE 19

19. UNDERTAKER (ADDRESS) N A YOWS BARNETT MO

20. FILED 10/10 1932 W L Hatter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6 1932, to Sept 26 1932. I last saw her alive on Sept 21 1932. Death is said to have occurred on the date stated above, at 2 am. The principal cause of death and related causes of importance were as follows:

Senility
Nov 16 1932
Other contributory causes of importance: (1)

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) W L Hatter M. D.
(Address) Barnett 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.

OCT 28 1932

