

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

Do not use this space.

27703

AUG 28 1936

1. PLACE OF DEATH

County Ray Registration District No. 743
 Township Fishery Mine Primary Registration District No. 6237
 City (No.) St. Ward

File No. _____
 Registered No. 67

2. FULL NAME Mary Campbell Evans Hapny

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Happy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/1/1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
74 3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 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) Lexington, Ky.

MOTHER 13. NAME Richard Evans

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

15. MAIDEN NAME Melinda Moran

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

17. INFORMANT Mr. Walter Happy
 (ADDRESS) Camden Township

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Cemetery DATE 7/19/36

19. UNDERTAKER C. V. Gibson
 (ADDRESS) Orrick, Missouri

20. FILED 8/10, 1936 White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1936

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1936, to July 17, 1936
 I last saw her alive on July 17, 1936 Death is said to have occurred on the date stated above, at 8-30 P.M.
 The principal cause of death and related causes of importance were as follows:

Organic Heart Lesions - Date of onset _____
Senile Arteriosclerosis
9567
 Other contributory causes of importance: 149 pertussis - Astoria Salem

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) Robt Sheets, M. D.
 (Address) Orrick 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.

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