

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.

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

Do not use this space.

1. PLACE OF DEATH
 24 County Ray Co. Registration District No. 198
 Township Fishing River Primary Registration District No. 52770
 City Missouri City (No. _____) St. _____ Ward _____
 2. FULL NAME Mariah Hessenlow
 (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.

22301
 File No. _____
 Registered No. 8784
 St. _____ Ward _____

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 Norris Hessenlow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/3/1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 28
 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. 235
 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) Missouri
 MOTHER 13. NAME John Cater
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Margaret Lovell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo
 17. INFORMANT Mettie Ray
 (ADDRESS) Covell Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE South Park ch. DATE 7/3 1932
 19. UNDERTAKER C. V. Gibson
 (ADDRESS) Covell Mo
 20. FILED 7/7 1932 J. D. Beaven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to July 1 1932
 I last saw her alive on July 1 1932 Death is said to have occurred on the date stated above, at 11:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Atherosclerosis
Arteriosclerosis
 Other contributory causes of importance:
Arteriosclerosis
 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) Wm. Cuthbertson M. D.
 (Address) Liberty Mo

