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.

JUN 3 1935

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

Do not use this space.

14099

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 6018A
File No.
Registered No. 61
Near City, Farmington Mo. (No. , St. Ward)

2. FULL NAME Mary F. Underwood

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: J. L. Underwood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1861

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 73 | 7 | 8 | |

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.:

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): St. Francois County Mo.

FATHER

13. NAME: Unknown

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): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE Apl 10 1935

19. UNDERTAKER (ADDRESS): Ed Webb. Fredericktown Mo

20. FILED Apl 9 1935 B. J. Rehmann Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to April 9, 1935
I last saw h...w... alive on April 8, 1935. Death is said to have occurred on the date stated above, at 7:05 Am.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis with Cardiac Hypertrophy and Decompensation. | ? |
| Other contributory causes of importance: Bronchopneumonia, terminal | April 7 1935 |
| Senile Psychosis | July 1934 |

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) C. C. Culte, M. D.
(Address) Farmington, Mo