

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

PLACE OF DEATH

County Marion
Township Jefferson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 541
Primary Registration District No. 5730

File No. 4200118
Registered No. 18

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mary Dick

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH March 4, 1874
(Month) (Day) (Year)

AGE 34 yrs. 10 mos. 23 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) General housekeeping

BIRTHPLACE (City or town, State or foreign country) Ark O-O

NAME OF FATHER James Glover

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark.

MAIDEN NAME OF MOTHER Catherine Reed

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Oliver Travis

(ADDRESS) Steers Prairie Mo

Filed Dec 28 1911 J. H. Burgers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 27, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 17, 1911, to Dec 25, 1911, that I last saw her alive on Dec 25, 1911, and that death occurred, on the date stated above, at 4³⁰ P. M.

The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs & Bowels.

Contributory Child birth & carrying of child
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. H. Burgers M. D.
Dec 28, 1911 (Address) Belle Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 1 yrs. ____ mos. ____ ds. In the 30 yrs. 10 mos. 23 ds.
Where was disease contracted if not at place of death? at place of death

Former or usual residence Poplarville Mo.

PLACE OF BURIAL OR REMOVAL Liberty Cemetery DATE OF BURIAL Dec 27, 1911

UNDERTAKER J. H. Hills ADDRESS Belle Mo.

CAUSE OF DEATH IN PLAIN TERMS, SO FAR AS KNOWN

