

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

PLACE OF DEATH
County St. Francois
Township Big River
or
Village _____
or
City _____ (NO. _____)

Registration District No. 775 File No. _____
Primary Registration District No. 6019 Registered No. 7
St. _____ Ward _____

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

FULL NAME Maggie Missieys

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 3rd 1887
(Month) (Day) (Year)

AGE 26 yrs. 4 mos. 19 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) St. Francois Co. Mo.

PARENTS
NAME OF FATHER John J. Jones
BIRTHPLACE OF FATHER (City or town, State or foreign country) Jefferson Co. Mo.
MAIDEN NAME OF MOTHER Eliza Bailey
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Washington Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lawrence Missieys
(ADDRESS) Melgo Mo.

Filed Jan 22 1914 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 22d 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 3rd 1914, to Jan 21st 1914, that I last saw her alive on Jan 3rd 1914, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH[†] was as follows:
Tuberculosis Pulmonalis
P. S. H.

Contributory D. K. (Duration) 7 yrs. 8 mos. — ds.
D. K. (Secondary) (Duration) — yrs. — mos. — ds.
(Signed) L. W. Shannon M. D.
Jan 22d 1914 (Address) Boalif 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 3 yrs. — mos. — ds. In the 26 yrs. 4 mos. 19 ds. State
Where was disease contracted If not at place of death? D. Mo.

Former or usual residence near place of death

PLACE OF BURIAL OR REMOVAL Moore Town DATE OF BURIAL 23rd 1914

UNDERTAKER A. Benham ADDRESS Boalif Mo.

