

## 1 PLACE OF DEATH

County Callaway.

Township .....

or .....

Village .....

or .....

City Fulton.Registration District No. 104Primary Registration District No. 3000

## CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICSFile No. 19212Registered No. 99

(NO. .... St. .... Ward)

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

<sup>2</sup>FULL NAME Mary Francis Herring.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OF DIVORCED Widowed  
(Write the word)6 DATE OF BIRTH Feb. 1st. 1836  
(Month) (Day) (Year)7 AGE 83 yrs. 4 mos. 14 ds. IF LESS than 1 day, .... hrs. or .... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry business, or establishment in which employed (or employer) .....9 BIRTHPLACE (City or town, State or foreign country) Mo.PARENTS  
10 NAME OF FATHER Ruben Brooks. Simcoe  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.  
12 MAIDEN NAME OF MOTHER Sarah Howard Hall.  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Van Elden  
(Address) Fulton Mo15 Filed June 16 1919 T. N. Crewe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15<sup>th</sup> 1919  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from May 16, 1919, to 6/15, 1919, that I last saw her alive on 6/10, 1919, and that death occurred, on the date stated above, at 12 m.The CAUSE OF DEATH\* was as follows:  
Chronic 96  
Recurrent 5  
(Duration) .... yrs. .... mos. .... ds.CONTRIBUTORY (Secondary) .....  
(Duration) .... yrs. .... mos. .... ds.  
(Signed) C. H. Christian M. D.  
6/16, 1919 (Address) Fulton Mo.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.  
Where was disease contracted if not at place of death? .....19 PLACE OF BURIAL OR REMOVAL Mt. Carmel Church. DATE OF BURIAL June 16 191920 UNDERTAKER C. W. Herring ADDRESS Fulton. 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.

