LOCAL REGISTRAR'S RECORD DO NOT TEAR LEAF OUT

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

17084

1 PLACE OF DEATH

County Montgomery

Township Bear Creek

or

Village

or

City (NO. St.; Ward)

Registration District No. 589 File No.

Primary Registration District No. 3787a Registered No. 173

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

2 FULL NAME Mary Lan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widow

6 DATE OF BIRTH Dec. (Month) 10 (Day) 1844 (Year)

7 AGE 75 yrs. 4 mos. 13 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) Housekeeping

9 BIRTHPLACE (City or town, State or foreign country) Switzerland

PARENTS

10 NAME OF FATHER Abraham Fricker

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Switzerland

12 MAIDEN NAME OF MOTHER Elizabeth Senn

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Switzerland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Jas Tullep

(Address) Jonesburg Mo R.F.D.

15

Filed May 10, 1920 E. A. Ball Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. (Month) 23 (Day) 1920 (Year)

17 I HEREBY CERTIFY, that I attended deceased from ....., 1918 to Apr 5, 1920, that I last saw her alive on Apr. 5, 1920, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Chronic Gastritis

102

(Duration) 8 about yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. A. Ball M. D.

Apr. 24, 1920 (Address) Jonesburg

*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?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pin Oak Cemetery

DATE OF BURIAL Apr. 25, 1920

20 UNDERTAKER N J River

ADDRESS Truxton Mo

Information should be carefully supplied. AGE should be stated EXACT. THE plain terms, so that it may be properly classified. Exact statement

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County .....

Township..... Registration District No..... File No.....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City..... (NO....., ...St.;.....Ward)

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

2 FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH

.....(Month) .....(Day) .....(Year)

7 AGE

.....yrs.....mos.....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)

PARENTS

10 NAME OF FATHER

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

12 MAIDEN NAME OF MOTHER

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address).....

15

Filed....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

.....(Month) .....(Day) .....(Year)

17 I HEREBY CERTIFY, that I attended deceased from .....191....., to.....191.....
that I last saw h.....alive on.....191.....
and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....ds.

CONTRIBUTORY.....
(Secondary)
..... (Duration).....yrs.....mos.....ds.

(Signed).....M. D.

....., 191..... (Address).....

*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?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL
....., 191.....

20 UNDERTAKER

ADDRESS