PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 31950

unty New Madrid

wnship West

r

lage ~~Canalou~~

r

y (NO. St.; Ward)

Registration District No. 821 File No. 77

Primary Registration District No. 6070 Registered No.

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

FULL NAME Mary Royal

PERSONAL AND STATISTICAL PARTICULARS

EX Female

COLOR OR RACE white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

ATE OF BIRTH June 6 1886 ~~Nov 12~~ (Month) (Day) 1922 (Year)

GE 36 yrs. 4 mos. 27 ds. If LESS than 1 day, ___ hrs. or ___ min.?

CCUPATION
a) Trade, profession, or articular kind of work House Wife

b) General nature of industry, usiness, or establishment in hich employed (or employer) house keeping

IRTHPLACE (City or town, State or foreign country) Mississippi Co. Mo

NAME OF FATHER Wm Hardin

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

MAIDEN NAME OF MOTHER Jocie Gorden

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. P. Dunn

(ADDRESS) Canalou

Filed 11-15 1922 W. W. Dunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 12 (Month) (Day) 1922 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 12, 1922, to Nov 12, 1922, that I last saw her alive on Nov 12, 1922 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dropsy

95 B

(Duration) yrs. 10 mos. ds.

Contributory (SECONDARY) Bronchitis

(Duration) yrs. mos. ds.

(Signed) W E Presnell M. D.

Nov 12, 1922 (Address) Canalou 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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Bladgett Mo

DATE OF BURIAL Nov 13 1922

UNDERTAKER H J Welsh

ADDRESS Sikeston Mo

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

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 occurre hospital or insti give its NAME i of street and numb

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191__, _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____ (Day), 19__ (Y

I HEREBY CERTIFY, that I attended deceased _____, 191__, to _____, 191

that I last saw h _____ alive on _____, 191

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____ M.

_____, 191__ (Address) _____

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

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

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ d

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL _____, 191__
UNDERTAKER	ADDRESS