

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

Do not use this space.

8025

1. PLACE OF DEATH

County Jackson Registration District No. 378

Township Blue Primary Registration District No. 5584

City Barrenhurst Mo. 817 1/2 S. Tuttle Ave St. _____ Ward _____

File No. _____

Registered No. 76

St. _____ Ward _____

2. FULL NAME

Mary Ann Snow

(a) Residence. No. 817 1/2 Tuttle Ave St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 5 da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. A. Snow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, _____ hrs.	or _____ min.
	<u>86</u>	<u>2</u>	<u>27</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill.

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Do not know

14. INFORMANT Mrs Nettie Repine (Address) 817 1/2 S. Tuttle Ave.

15. FILED Mar 27 1927 H. D. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1926, to Mar 22 1927 that I last saw her alive on Mar 22 1927, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral lesion
92.7
100
(duration) 2 yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Bowel trouble & Colitis (duration) 1 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Jas W. Graham, M. D. Address 215 New Centre Bldg Ke

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cameron Mo. Mch 25 1927

20. UNDERTAKER C. F. Blackman & Son ADDRESS 660 1/2 Ind

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.

APR 3 1927

