

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

Do not use this space. (B)
22116

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.

SEP 30 1927

1. PLACE OF DEATH

County Carroll Registration District No. 651
Township Carrollville Primary Registration District No. 4988
City Carrollville (No.) St. Ward

File No.
Registered No. 113

2. FULL NAME

Mrs Mary Haurington
(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Does not know
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 58
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3 1927
17. I HEREBY CERTIFY, That I attended deceased from 6-15, 1927, to 7-2, 1927, that I last saw h. alive on 7-2, 1927, and that death occurred, on the date stated above, at 7:30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis or apoplexy
82 yr.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cerebra
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
10. NAME OF FATHER Geo Haurington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Does not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Not at place of death
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Thomas J. Collins, M.D.
July 8, 1927 (Address) Carrollville, Mo

14. INFORMANT (Address) Geo Haurington
Carrollville
15. FILED Sept 10 1927 Eda Martin
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paterson Cemetery DATE OF BURIAL 7-5 1927
20. UNDERTAKER H. H. Smith ADDRESS Carrollville Mo

