JAN 4 1928

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

Do not use this space.

33280

1. PLACE OF DEATH

County: Harrison — Registration District No. 334 — File No. 395

Township: Jefferson — Primary Registration District No. 5467 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Haney

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): W

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND or~~ (OR) WIFE OF: John Haney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 9-1834

7. AGE: YEARS 93 — MONTHS 5 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not Know

PARENTS

10. NAME OF FATHER: Charles Justice
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Do not Know
12. MAIDEN NAME OF MOTHER: Mary A Orton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Do not Know

14. INFORMANT: Perry Carson
(Address): Bethany Mo.

15. FILED 12/12, 1927 — W J Haines, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-20 1927

17. I HEREBY CERTIFY, That I attended deceased from her Nov 18, 1927, to Nov 19, 1927 that I last saw her alive on Nov 19, 1927 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 9 OA (duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. L. Wood D.O.
, 19 (Address) Bethany Mo.

*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: Miriam Cemetery — DATE OF BURIAL: 11-22 1927

20. UNDERTAKER: S McHoas — ADDRESS: Bethany 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.