

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

Do not use this space.

37236

JAN 1 1927

PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Joplin Primary Registration District No. 2002
 City Joplin (No.) St. Ward (....)

2. FULL NAME Mary Springs Perry
 (a) Residence No. 905 West 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Kingsberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1 / 1859

7. AGE YEARS MONTHS DAYS 68 11 25 If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Crickhams
 (STATE OR COUNTRY) W.Va.

PARENTS

10. NAME OF FATHER James Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Whales
 (STATE OR COUNTRY) W.Va.
12. MAIDEN NAME OF MOTHER Mary Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Whales
 (STATE OR COUNTRY) W.Va.

14. INFORMANT Mary Springs Perry
 (Address) 905 West 2 St Joplin
15. FILED 12/27 1927 W.A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1927
17. I HEREBY CERTIFY, That I attended deceased from 1924, to 1927
 that I last saw her alive on Dec 1, 1927, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 908 (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W.D. Coombs, M. D.
Dec 3, 1927 (Address) Joplin, 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 Atkinson K.S. **DATE OF BURIAL** Dec 4 1927
20. UNDERTAKER Walter Reed B. Joplin Mo. **ADDRESS**

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

ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jasper Registration District No. 411 File No. _____
 Township Salina Primary Registration District No. 2002 Registered No. 3-66
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Kingsberry

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 11 | 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____ (duration) yrs. mos. ds.
 (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) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT (Address) _____

15. FILED 7/10 1928 M. Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 1 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19____ (Address)

*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 _____ DATE OF BURIAL _____

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL FEE OR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-37236