

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

Do not use this space.

7923

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph (No.....)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 369
St..... Ward)

2. FULL NAME Mary Jane Justice

(a) Residence. No. 325 Virginia 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. 10 mos. 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*) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 28, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
79 2 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Larado, Linn County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Shannon Sayers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Taswell Co.
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Dorcas Asbury

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Taswell Co.
(STATE OR COUNTRY) Virginia

14. INFORMANT Emma L. Canada

Address 325 Virginia

15. FILED Mar 23 1928 John G. White REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1928, to Mar 23, 1928, that I last saw her alive on Mar 28, 1928, and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chinid

(Signed) W.A. Robertson, M. D.

Mar 23, 1928 (Address) St. Joseph 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 Mount Auburn Cem.

DATE OF BURIAL March 24 1928

20. UNDERTAKER

ADDRESS 5025 King Hill Av.

Fred S. Clark

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.

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