

JUL 6

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

Do not use this space.

1. PLACE OF DEATHCounty JasperTowship ClintonCity Jasper (No.) St. Ward)Registration District No. 410 9394-1Primary Registration District No. 4243File No. 9394-ARegistered No. 6**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**F**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Perry M. Carty**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Mar. 27 1849**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

781128**8. OCCUPATION OF DECEASED**(a) Trade, profession, or particular kind of work Housekeeping

(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)

Kentucky**10. NAME OF FATHER**John D. Hughes**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky**12. MAIDEN NAME OF MOTHER**Rose Brown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky**14.**

INFORMANT

(Address)

Anna V. Rex
Jasper, Mo**15.**

FILED

5-25-28

19. 28

A. P. Holmes

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 3/26-1928**17.**I HEREBY CERTIFY That I attended deceased from 3/18, 1928, to 3/26, 1928 that I last saw her alive on 3/26, 1928, and that death occurred, on the date stated above, at 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy -
SEA (duration) yrs. mos. da.**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRIBUTED?

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. H. Hendricks, M. D.3-26, 1928 (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

Waters Cem3/27 1928**20. UNDERTAKER**

ADDRESS

Phos. J. Teeter Jasper 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.

