APR 26 1928

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

Do not use this space.

9983

1. PLACE OF DEATH
County Oregon — Registration District No. 632 — File No.
Township Mayer — Primary Registration District No. 4382 — Registered No.
City — (No. — St. — Ward)

2. FULL NAME Mrs Margarett Givens Donald
(a) Residence. No. E. Mammoth Spgs Ark — 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: 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: W. D. Donald = deceased
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-19-1851
7. AGE: 76 YEARS: ## MONTHS: 11 DAYS: 29 — If LESS than 1 day, ... hrs. or ... min.
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) (STATE OR COUNTRY): Knoxville Tenn
PARENTS
10. NAME OF FATHER: Wm Givens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn or Va
12. MAIDEN NAME OF MOTHER: Margarett Burnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
14. INFORMANT: Mrs Wm Bowling
(Address): Salem Ark
FILED March 14, 1928 C. Rhea REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 13 1928
17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1928, to 3-13-, 1928 that I last saw her alive on Mar 12, 1928, and that death occurred, on the date stated above, at 9 am m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: 107 C
Capillary Bronchitis 135 B
and Cystitis 162
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 100 A
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
3/ (Signed) H S Morris, M. D
Dec 14, 1928 (Address) Mammoth Spgs Ark

*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: Riverside Cemetery — DATE OF BURIAL: 3/14 1928
20. UNDERTAKER: Luna & M. J. Morse — ADDRESS: Mayer 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.