

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

Do not use this space.

10309

1. PLACE OF DEATH

County Stoddard Registration District No. 757
 Township Stoddard Primary Registration District No. 5998
 City Stoddard (No. County Stoddard St. Ward)

File No.
 Registered No.

2. FULL NAME

May Dailly (Miss Black)
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2 2 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wellsboro
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Stephen Harmon

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

12. MAIDEN NAME OF MOTHER Ma Black

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

14. INFORMANT Therese Venturi Smith
 (Address) County, Stoddard

15. FILED 3/5/28, 1928 Jay C. Bloetsum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 P 15, 1928, to March 3, 1928
 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* was as follows:
Bronchial pneumonia
15 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Dyspepsia
Dyspepsia (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? Clemently negative
 (Signed) J. E. B. [unclear] M. D.
3-5, 1928 (Address) Wellsboro, 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 Oak Grove Cemetery
 DATE OF BURIAL March 5 1928

20. UNDERTAKER W. H. Callaway & Son Co
 ADDRESS Wellsboro, Mo

X. 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.

