

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

Do not use this space.

10361

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Near Farmington

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 34
St. Ward)

2. FULL NAME

Mary Jones

State Hospital No. 4

Hayti Mo.

(a) Residence No. St.,
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 24 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)

Married

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

Not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not known

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
43	?	?	

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) Not known
Not known

PARENTS

10. NAME OF FATHER Martin Summers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
Missouri

12. MAIDEN NAME OF MOTHER Minnie Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
Tennessee

14. INFORMANT (Address) Hospital Records,
Farmington, Mo.

15. FILED 3-2-28 B. J. Rubin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1928, to March 1, 1928, that I last saw her alive on Feb. 29, 1928, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

31

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests
(Signed) Ralph Harkes, M. D.

3-2-28 (Address) State Hospital No. 4

*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 Hayti, Mo. **DATE OF BURIAL** 3/3/28

20. UNDERTAKER Farmington Lumber Co., Farmington, Mo. **ADDRESS**

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.

