JUL

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

Do not use this space.

14172

1. PLACE OF DEATH
County New Madrid — Registration District No. 603 4389 — File No.
Township — Primary Registration District No. 5799 — Registered No. 3
City Morehouse (No. ... St. ... Ward)

2. FULL NAME Mary Eliza Hunter
(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: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-2-1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
79	3	10	

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER M. J. Tickell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ... Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louise A. Tickell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Nauk. France

14. INFORMANT Matt Hunter
(Address) Morehouse Mo.

15. FILED 4-13, 1928 Jno T Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1928, to Apr 12, 1928 that I last saw her alive on Mar 15, 1928 and that death occurred, on the date stated above, at 11 50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Senility
Generalized Arteriosclerosis
(duration) yrs. 4 mos. 21 ds.

CONTRIBUTORY (SECONDARY) 908
(duration) yrs. mos. ds.

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? Physical Exam
(Signed) Howard M Kendy, M.D
4-14, 1928 (Address) Sikeston 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: New Madrid Mo
DATE OF BURIAL: 4-14 1928

20. UNDERTAKER: John T. Parrish
ADDRESS: Morehouse

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.