

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

Do not use this space.
1951.3

1. PLACE OF DEATH

County Saline
Township Gillian
City Lucy (No. 5)

Registration District No. 744
Primary Registration District No. 447.5

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident give city or town and State)

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 Wm Page
widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-14-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 | 0 | 1 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 90
(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) near Slater mo

10. NAME OF FATHER Sam H. Jeff

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

12. MAIDEN NAME OF MOTHER Lacy Unknown

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

14. INFORMANT (Address) Jess L Page Slater mo

15. FILED 5-17-28 J. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-28

17. I HEREBY CERTIFY That I attended deceased from 14 to 5-16-28 that I last saw her alive on 5-15-28 and that death occurred, on the date stated above, at 7:15 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural Insufficiency
90 (duration) 6 yrs. 1 mo. 1 da.
CONTRIBUTORY (SECONDARY) Ascaris (duration) 1 yrs. 1 mo. 1 da.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Colonial
5-17-28 (Signed) J. H. Dawson, M. D. (Address) Gillian 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 Slater City Cemetery DATE OF BURIAL May 17 1928

20. UNDERTAKER Jones & Salza ADDRESS Slater 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1099

OUT

