

UL 24 1928

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

Do not use this space.

19967

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 1001
 City St Joseph (No. 2705 Jackson St. 759 Ward)

2. FULL NAME Mary Elith Mann
 (a) Residence No. 2705 Jackson St. 759 Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 5 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
64 | 8 | 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work 82 97
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calintony County (STATE OR COUNTRY) Ohio

10. NAME OF FATHER C. P. Hiatt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co. (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Martha Hadley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton County (STATE OR COUNTRY) Ohio

PARENTS

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.

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from a June 9 1928, to June 12 1928, that I last saw h. er alive on June 12 1928, and that death occurred, on the date stated above, at 10:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
74 hr (duration) yrs. mos. 5 ds.
 CONTRIBUTORY Arterial sclerosis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 8 DID AN OPERATION PRECEDE DEATH: DATE OF: WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS: (Signed) J. W. Mays M. D. 6/15 1928 (Address) St Joseph 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 Clarenda Iowa DATE OF BURIAL June 14 1928

20. UNDERTAKER Heeman Funeral Home ADDRESS 1208 Francis

14. INFORMANT William Mann (Address) 2705 Jackson

15. FILED 6-14-28 John G. W. RECORDED

