

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

Do not use this space.

20353

1. PLACE OF DEATH

County Centre
Towash Cooper
City Darlington

Registration District No. 310
Primary Registration District No. 34299

File No. 46
Registered No. 46

2. FULL NAME

Mary Margaret Strawbridge Stator

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

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Franklin Pierce Stator

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

June 17th 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

65

11

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(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)

Pinkneyville Illinois Perry Co

10. NAME OF FATHER

Joseph Strawbridge

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

Unknown

12. MAIDEN NAME OF MOTHER

Kathryn

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

Unknown

14.

INFORMANT (Address)

Franklin Pierce Stator
Darlington Missouri

15.

FILED

June 20, 1928 Mary M. and

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from June 9th 1928, to June 9th 1928, that I last saw h. a. alive on June 8th 1928, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. S. Campbell, M. D.
1928 (Address) Albany Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Rivers Cemetery

June 14, 1928

20. UNDERTAKER

ADDRESS

J. R. Shockley

Albany Mo

