

N. E.—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.

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

Do not use this space.

21483

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. \_\_\_\_\_  
Towship \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 175  
City Deleah (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Mary Myers  
(a) Residence No. 922 W 6th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Jno Myers

6. DATE OF BIRTH (MONTH/DAY AND YEAR) 1837

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
91 Exact date not known

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) County Clare  
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Thomas Shuddy

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

12. MAIDEN NAME OF MOTHER Mary Clancy

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

14. INFORMANT Hanna A Lovett  
(Address) 922 W 6th Street

15. FILED 6-14-28 J.S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1928

17. I HEREBY CERTIFY That I attended deceased from 12/28/18 to 6/7/28 1928  
that I last saw h. at alive on 6/3/28 1928, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Heart disease  
aortic regurgitation  
42 yr (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90W  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John M Nelson M. D.  
1928 (Address) Deleah, 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 Deleah Mo DATE OF BURIAL 6/9 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Deleah

