

4 1928

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

Do not use this space.

1. PLACE OF DEATH  
County Linn Registration District No. 496 File No. 24360  
Township ..... Primary Registration District No. 3025 Registered No. 57  
City Breefield (No. ....) St. .... Ward .....

2. FULL NAME Mary Allen Partch  
(a) Residence No. 417, E. Brooks St. 1st Ward. .... (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. 5 mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  
Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 5th. 28 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF  
widowed wife of Wm. Partch

17. I HEREBY CERTIFY That I attended deceased from July 2<sup>nd</sup>, 1928, to July 5<sup>th</sup>, 1928 that I last saw h. .... alive on July 5<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 3 P. m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 27, 1835  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
93 0 8

Chronic Bright's Disease

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

131 (duration) 5 yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Ashtabula  
(STATE OR COUNTRY) Ohio

CONTRIBUTOR (SECONDARY) 1290 (duration) .... yrs. .... mos. .... ds.

PARENTS

10. NAME OF FATHER Robert Ed. Allen

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

12. MAIDEN NAME OF MOTHER Roxana Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) near Ogdensburg  
(STATE OR COUNTRY) New York.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS: Clinical  
(Signed) W. H. Luab, M. D.  
(Address) Breefield Mo

14. INFORMANT R.A. Partch  
(Address) Mendon, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sileam, Chapel, near Mendon DATE OF BURIAL July 7, 19 28

15. FILED July 6, 1928 Thos. P. Jantz REGISTRAR

20. UNDERTAKER C W.Hill, Breefield, Missouri ADDRESS .....

Exact statement of OCCUPATION is very important.

\*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.

