

K. 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.

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

Do not use this space.

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township Primary Registration District No. 9852
 City " " (No. " ") St. " " (Ward) " "

2. FULL NAME Mary Street
 (a) Residence. No. St. Ward.
 (Usual place of abode) (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.

File No. 2454599
 Registered No.
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1875-^{about}

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 53</u>	<u>no record</u>		

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16 1928
 17. I HEREBY CERTIFY, That I attended deceased from 7-10 1928 to 7-16 1928 that I last saw her..... alive on July 16 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Purpura
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) By influenza
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

10. NAME OF FATHER Henry Thompson

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

12. MAIDEN NAME OF MOTHER Debbie Phillips

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) W. D. Jones, M. D.
 Address New Madrid 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.

14. INFORMANT Mrs. Lonna Phillips
 (Address) New Madrid

15. FILED 7/16/1928 W. B. Cannon
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Derham, Co Mo DATE OF BURIAL 7-16 1928
 20. UNDERTAKER Richards and Co ADDRESS New Madrid

