T 26 1928

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

Do not use this space.

30133

1. PLACE OF DEATH
County Dunklin
Township Independence
City ..... (No. ..... St. ..... Ward)
Registration District No. 288
Primary Registration District No. 4572
File No. .....
Registered No. .....

2. FULL NAME Maggie Belle McChristian
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C E McChristian

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	10	14	

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

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

PARENTS
10. NAME OF FATHER J. W. Denbow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sikeston
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Dant Knox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dant
(STATE OR COUNTRY) Knox

14. INFORMANT C. E. McChristian
(Address) Kennett, Mo.

15. FILED 9/26, 1928 E. L. Spence REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26 1928

17. I HEREBY CERTIFY, That I attended deceased from about Sept 1, 1928, to Sept 26 1928 that I last saw h. ir. alive on about Sept 26 1928 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

V3H 31 (duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) T. J. Rigdon, M. D
Sept 26, 1928 (Address) Kennett 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 Brosby Mo
DATE OF BURIAL 9/27 1928

20. UNDERTAKER Baldwin Furn Co
ADDRESS Kennett Mo

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.