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

Do not use this space.

30355

File No. .....

Registered No. 12

1. PLACE OF DEATH

County: Jackson — Registration District No. 396

Township: Fort Osage — Primary Registration District No. 4233

City: Buckner (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary Eletha Mabry

(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: 2 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	widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED: ~~HUSBAND OF~~ (OR) WIFE OF: John B. Mabry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 13, 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	3	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): Lafayette County

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Robert Moore

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

12. MAIDEN NAME OF MOTHER: Isabell Moore (same as married name)

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

14. INFORMANT: Alfred G. Mabry
(Address): Buckner Mo

15. FILED 10-16, 1928 — N. D. Maunsell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1928, to Sept. 9, 1928, that I last saw h. alive on Sept 9, 1928, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Pneumonia

10 Hr. (duration) ..... yrs. X mos. Arrival ds.

CONTRIBUTORY (SECONDARY): 90 yrs.

..... (duration) ..... yrs. X mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) John W Robertson, M. D

, 19 (Address) Buckner 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	DATE OF BURIAL
Arnold Cemetery	Sept. 11 1928
20. UNDERTAKER	**ADDRESS**
Vernon M. Reppert	Buckner

NOV 26 1928

NOTE.—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.