

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

Do not use this space.

32668

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township Jackson Primary Registration District No. 3034
City Warren, Mo. (Not St. Ward)

File No. _____
Registered No. 157
St. _____ Ward)

2. FULL NAME

Mary Helen Durham
(a) Residence. No. W. S. Miller, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 29, 1928</u>		
7. AGE	YEARS	MONTHS
	<u>8</u>	<u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1928, to Oct 18 1928, and that I last saw him alive on Oct 18 1928, and that death occurred, on the date stated above, at 2:22 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro enteritis

119B / 113B
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. J. Williams, M. D.
, 19 (Address) Mexico 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.

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

10. NAME OF FATHER Carhe Durham

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

12. MAIDEN NAME OF MOTHER Stacye Fung

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

14. INFORMANT Gladys Durham
(Address) Mexico Mo

15. FILED Oct 19, 1928 Era S. Milligan
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico Mo DATE OF BURIAL 10-20 1928

20. UNDERTAKER H. A. P. Smith ADDRESS Mexico 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.

1928

