JAN 23 1929

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

Do not use this space.

41258

1. PLACE OF DEATH
County JASPER — Registration District No. 405 — File No.
Township -MINERAL — Primary Registration District No. 4239 — Registered No. 11
City ALBA (No. ..... St. ..... Ward)

2. FULL NAME MARY FRANCIS POE
(a) Residence. No. ALBA, MO. 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 L. A. POE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/3/1861

7. AGE 67 YEARS: 67 — MONTHS: 5 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

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) EAST ST LOUIS
(STATE OR COUNTRY) ILL.

PARENTS
10. NAME OF FATHER FREDRICK SPOON
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) NOT KNOWN
12. MAIDEN NAME OF MOTHER MISSOURI DAVIS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) FT. SCOTT
(STATE OR COUNTRY) KANSAS

14. INFORMANT Lillie Holt
(Address) Picher Okla.

15. FILED 12-15, 1928 Effie Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 30th, 1928, to Dec 12th, 1928 that I last saw her alive on Dec 12th, 1928, and that death occurred, on the date stated above, at 4-15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

82A 74A (duration) ..... yrs. 3 mos. 13 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D A Carlyle, M. D
12-13, 1928 (Address) Alba 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: Cartwright Cemetery — DATE OF BURIAL: Dec. 15, 1928

20. UNDERTAKER: STEELE UNDERTAKING CO — ADDRESS: WEBB CITY

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.