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.

JAN 25 1929

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

Do not use this space.
41853

1. PLACE OF DEATH
County: Newton
Township: Neosho
City: ..... (No. ..... St. ..... Ward)
Registration District No. 609
Primary Registration District No. 5808
File No. 128
Registered No. .....

2. FULL NAME: Mary Phenix

(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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Phenix

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 30 1848

7. AGE: Years 80 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: James Rawley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Don't Know

14. INFORMANT: C. E. Lawson
(Address): Neosho Mo

15. FILED 12-24-1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-9 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1928, to Dec 9 1928 that I last saw her alive on Dec 4, 1928, and that death occurred, on the date stated above, at 11:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) HHD
(duration) ..... yrs. ..... mos. ..... ds.

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. B. Greenlee, M. D
12/10, 1928 (Address) Seneca 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: Thrasher Cemetery
DATE OF BURIAL: 12/11 1928

20. UNDERTAKER: Bigbarns
ADDRESS: Neosho