JAN 28 1929

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

Do not use this space.

42090

1. PLACE OF DEATH
County: Polk — Registration District No.: 702
Township: McDonald — Primary Registration District No.: 4423
City: Fair Play (No. ..., ... St. ... Ward)

File No.:
Registered No.:

2. FULL NAME: Mary Jane Crain
(a) Residence. No. Fair Play 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 80 yrs. 11 mos. 3 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: W. F. Crain

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 3 - 1848

7. AGE: Years 80 | Months 11 | Days 3 | 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): Fair Play
(STATE OR COUNTRY): Polk Co Mo

PARENTS
10. NAME OF FATHER: Irvin Sutherland
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Susan Keith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ky

14. INFORMANT: Sylvia Gamble
(Address): Fair Play Mo

15. FILED Dec 13 1928 Chas H Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1928, to Dec 8 1928, that I last saw her alive on Dec 3 1928, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis
1 yr (duration) yrs. 2 mos. 8 ds.
CONTRIBUTORY (SECONDARY): Pneumonia, unilateral
13 days (duration) yrs. mos. 10 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? Clinical
(Signed) Chas H Brown M. D.
Dec 8 1928 (Address) Fair Play 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: Sutherland Cem — DATE OF BURIAL: Dec 10 1928

20. UNDERTAKER: Crow & Barker — ADDRESS: Fair Play 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD