

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

Do not use this space.

JAN 28 1929

42163

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly

Registration District No. 735
Primary Registration District No. 3034
(No. 211 Tannahill)

File No. _____
Registered No. 244
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Mary J Routledge
211 Tannahill 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 J D Routledge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 2nd 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
76 9 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(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) Ky.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) _____

14.

INFORMANT J D Routledge
(Address) Moberly Mo

15.

FILED 1/2 29 Dr. J. S. Filkins
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31st 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 1, 1928, to Dec 31, 1928 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11: 0 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embolism of Brain

74 1/2 yrs. 1 mos. 1 da.
(duration)

CONTRIBUTORY (SECONDARY) Age

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. S. Filkins, M. D.
1-2, 1929 (Address) Moberly

*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

Moberly Mo 1-2nd 1929

20. UNDERTAKER

ADDRESS

Mahar and Son Moberly 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.

