Dawson.

MAR 21 1929

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

Do not use this space.

604

1. PLACE OF DEATH
County Cedar
Township Benton
City ..... (No. ..... St. ..... Ward)
Registration District No. 164
Primary Registration District No. 5229
File No. 59
Registered No. .....

2. FULL NAME Mary E Hamby
(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 E. C. Hamby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-15-1842

7. AGE: Years 86 | Months 5 | Days 3 | 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) (STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER Jas Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vir
12. MAIDEN NAME OF MOTHER Jane Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) N Car

14. INFORMANT Agnes Brasher
(Address) Stockton, Mo. 6

15. FILED 1-19-1929 — F. M. Davis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-18- 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1928, to Jan 18-, 1929 that I last saw her alive on Jan 1st, 1929, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitral Insufficiency

92A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90A (duration) ..... yrs. ..... mos. ..... 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) J W Dawson, M. D
1-19-, 1929 (Address) El Dorado Spgs

*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: Hamby Cemetry
DATE OF BURIAL: 1/19 1929

20. UNDERTAKER: Gwinn-Siders, El Dorado Springs, Mo
ADDRESS

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

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.