

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

Do not use this space.

960

**1. PLACE OF DEATH**

County St. Louis  
Township Dalton  
City Mary Ann (No. \_\_\_\_\_)

Registration District No. 290  
Primary Registration District No. 5408

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ann Parker  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 17, 1855</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>
	DAY <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housework</u> (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) <u>Lithony Co. Tenn</u>		
10. NAME OF FATHER <u>Jessie Blackenship</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
12. MAIDEN NAME OF MOTHER <u>Not known</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28, 1929  
17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929 to Jan 28, 1929 that I last saw her alive on Jan 26, 1929 and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

influenza  
IB  
duration) yrs. mos. 7 ds.  
CONTRIBUTORY (SECONDARY) IB  
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) F. H. Appender M. D.  
19 (Address) \_\_\_\_\_

\*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  
Lulu Cemetery Jan 29, 1929  
20. UNDERTAKER ADDRESS  
McDaniel, Turn. Co. Duane St. Mo

14. INFORMANT Mary Parker  
(Address) Duane St. Mo  
15. FILED 2-1-29 1929 F. H. Appender REGISTRAR

WRITE CAREFULLY, 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.

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