

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

Do not use this space.

1381

1. PLACE OF DEATH

County Jackson
 Township Swanton
 City St. Mary (No. 395)

Registration District No. 395

Primary Registration District No. 395

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence. No. 395 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. 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wm. Scrivens

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 25 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

1

21

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)

Ray, Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Archibald Duncan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ray
Ann Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
 (Address)

W. L. Mackay
Swanton, Mo.

15.

FILED 3/16 1929

F. W. Gith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 16 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Jan 16, 1929, that I last saw her alive on Jan 16, 1929, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
108
42A

(duration) X snural yrs. X da.

CONTRIBUTORY (SECONDARY)

Tuberc. Pneumonia

(duration) X yrs. X 5 or 6 da.

18. WERE 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) John W. Robertson M. D.

, 19 29 (Address) Swanton, 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

DATE OF BURIAL

Northone Mo

Jan 19 1929

20. UNDERTAKER

ADDRESS

H. F. Stroud

Northone 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.

