FEB 83 [illegible] Bogan

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

Do not use this space.

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1. PLACE OF DEATH
County Pettis Co. Registration District No. 668 File No.
Township Sedalia Primary Registration District No. 3032 Registered No. 5
City Sedalia St. (No. [illegible] Ward)

2. FULL NAME Mary Jane Searcy.
(a) Residence. No. 1023 S Mass St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18-1874

7. AGE Years 54 Months 6 Days 17 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER J A Shepherd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russellville Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dont Know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT W. E. Searcy
(Address) 1023 So. Mass Ave

15. FILED 1-8, 1929 J. G. Lowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1928, to Jan 4, 1929, that I last saw her alive on Jan 4, 1929, and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Vascular renal Disease
acute Interstitial Nephritis
(duration) 4-5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Brights Disease (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? A
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) J W Boger, M. D
, 19 (Address) 120 W S Sedalia

*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 Sedalia Mo
DATE OF BURIAL 1/9 1929

20. UNDERTAKER McLaughlin Bros
ADDRESS Sedalia

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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