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

Do not use this space.

5575

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 242

City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Mary Hare

(a) Residence. No. State Hosp #2 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 5 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married.

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND ~~or (OR) WIFE or~~ Wm. L. Hare about 1873

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

7. AGE — YEARS 56 — MONTHS Unknown — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Wm L. Hare.
(Address) Hamilton Mo

15. FILED FEB 26 1929 19 John D. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1 1925 Feb 22 1929 that I last saw her alive on Feb 22 1929 and that death occurred, on the date stated above, at 1015 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio Pneumonia.
114
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
(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. R. Burch, M. D

2/22/1929 (Address) State Hospital #2

*States 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 State Hospital — DATE OF BURIAL Feb 26 1929

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1208 Francis

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.

FEB 21 1929

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