

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.

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

Do not use this space.

File No. 11419-a
 Registered No. _____

1. PLACE OF DEATH

County Ferguson Registration District No. 497
 Township North Salem Primary Registration District No. 3672
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Margaret M. Hestkins

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen R. Hestkins</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 20th 1875</u>		
7. AGE <u>43</u>	YEARS <u>5</u>	MONTHS <u>15</u>
	8. 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) Hones Co
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Levi B. Hudson

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

12. MAIDEN NAME OF MOTHER Elizabeth Pooling

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

14. INFORMANT Carpie L. Hudson
(Address) St Louis

15. FILED _____, 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from 2nd March 1929 to 6th March 1929, that I last saw her alive on March 6th 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

an acute infectious fever.

(duration) _____ yrs. _____ mos. 5 ds.

CONTRIBUTORY Old age and decrepitaney
(SECONDARY) (duration) _____ yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Symptoms
(Signed) J. M. Boyles M. D.
, 19 Purdin Mo (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 North Salem Mo DATE OF BURIAL March 9th 1929

20. UNDERTAKER Went & Thompson ADDRESS Weniger Mo

Mr. C. W. Boyle
Parrot, Me

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn Registration District No. 497 File No. _____
 Township North Salem Primary Registration District No. 2692 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Margaret M Deskins

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephens C. Deskins</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 20 - 1845</u>		
7. AGE	YEARS	MONTHS
		DAYS
	If LESS than 1 day, _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Hornes Co</u> (STATE OR COUNTRY) <u>Ohio</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/7 1929

17. I HEREBY CERTIFY That I attended deceased from Mar 2 1929 to Mar 6 1929
 that I last saw her alive on Mar 6 1929, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Onset of infectious fever

CONTRIBUTORY (SECONDARY) Old age & decrepitude (duration) _____ yrs. _____ mos. 3 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? Symptoma
 (Signed) J. M. Boyles, M. D.
 , 19 (Address) Purdin 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.

PARENTS	10. NAME OF FATHER <u>Levi B. Hudson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Waverly</u> (STATE OR COUNTRY) <u>W. Va.</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Pauling</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Langes</u> (STATE OR COUNTRY) <u>Penn</u>
14. INFORMANT <u>Carrie L. Hudson</u> (Address) <u>St Louis</u>	
15. FILED <u>719 29</u> <u>W E Leonard</u> REGISTRAR	

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>North Salem mo</u>	DATE OF BURIAL <u>Mar 9 1929</u>
20. UNDERTAKER <u>Kent & Thompson</u>	ADDRESS <u>Winigan mo</u>

THIS IS A PART OF RECORD
 PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied. AGE should be carefully supplied. Exact statement of OCCUPATION is very important.
 STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-1119-A