

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

Do not use this space.

11791

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.

APR 30 1929

PLACE OF DEATH

County..... Perry
Township..... Bois Bluff
City..... Mary P. Journey

Registration District No..... 661
Primary Registration District No..... 5879

File No.....
Registered No..... 2
St..... Ward.....

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-10-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Francis Journey

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

12. MAIDEN NAME OF MOTHER Estelle Hobbs

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

14. INFORMANT Francis Journey (Address) 2414 1st St

15. FILED 3-23-29 R. B. Bear REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23-29

17. I HEREBY CERTIFY That I attended deceased from March 10, 1929, to March 23, 1929 that I last saw h. alive on 19 and that death occurred, on the date stated above, at 4-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spina Bifida (duration) yrs. mos. 13 da.

CONTRIBUTORY (SECONDARY) 15701 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH DATE OF

19. WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS (Signed) L. L. Fultz, M. D. (Address) Perryville 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 Mount Hope Cem, 3-24-29

20. UNDERTAKER ADDRESS Pullman Spring Wood Co Perryville Mo

