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

Do not use this space.

18545

JUN 26 1929

1. PLACE OF DEATH
County Jasper
Township
City Webb City (No. ..... St. ..... Ward)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 65

2. FULL NAME Mrs Margaret L. Mahew
(a) Residence. No. 511 N. Broadway 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 1834

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	94	8	3	

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) Wick
(STATE OR COUNTRY) Scotland

PARENTS
10. NAME OF FATHER Alexander Alexander
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Margaret McCaddy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland

14. INFORMANT Dr Hilton
(Address) Webb City Mo

15. FILED 5/2 1929 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/30, 1929, to 5/1, 1929, that I last saw her alive on 5/1, 1929, and that death occurred, on the date stated above, at 6.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull
186 B
174 B
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Fell off Porch
(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) B. A. Dumbault, M. D.
5/2, 1929 (Address) Webb City 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
Junction City Kansas	5/3 1929
20. UNDERTAKER	ADDRESS
Webb City Und Co	Webb City

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD