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

Do not use this space.

21342

JUL 25 1929

1. PLACE OF DEATH
County: Jackson — Registration District No. 398
Township: Blue — Primary Registration District No. 3019
City: Independence (No. ..., ... St. ... Ward)

File No. ...
Registered No. 245

2. FULL NAME: Mary J. Pool
(a) Residence. No. 1325 N. Main St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dick Pool

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 15-1851

7. AGE: Years 78 — Months 2 — Days 13 — If LESS than 1 day, ... hrs. or ... min.

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): Miama
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: York Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

14. INFORMANT: Pearl Pool
(Address): Independence Mo

15. FILED 7-2 1929 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 6 1929, to June 28 1929, that I last saw her alive on June 28 1929, and that death occurred, on the date stated above, at 11 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Haemorrhage of Bowel
82A
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hardening of Arteries
(duration) 11 yrs. 6 mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) F. F. Wilhams, M. D.

June 29 1929 (Address) 1116 Woodland

*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: Highland Cem. — DATE OF BURIAL: July 2 1929

20. UNDERTAKER: N. L. Bonner & Co — ADDRESS: Indep Mo

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.

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