

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.

AUG 22 1929

23774

1. PLACE OF DEATH

County Bollinger
Township Liberty
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 67Primary Registration District No. 3704

File No. _____

Registered No. 33

2. FULL NAME

Mary Arms

(a) Residence. No. _____ St. _____ Ward _____ (If nonresident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7-1874

7. AGE YEARS 55 MONTHS 3 DAYS 3 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)

(STATE OR COUNTRY) Bollinger Co

10. NAME OF FATHER

George Audemurden

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER

Agnes Schulte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) do not know

14.

INFORMANT Henry Arms
(Address) Glennon Mo

15.

FILED 7-30 1929 Chas. S. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1928 to July 10 19 29, that I last saw her alive on July 9 19 29, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of Bowel.
1166

1238 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY

(SECONDARY) Carcinoma of Right Colon
(duration) 2 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

at place of death
IF NOT AT PLACE OF DEATH, _____ DATE OF _____

IF AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) J. M. Davis M. D.
(Address) Glennon 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

Glennon Mo. DATE OF BURIAL July 11 19 29

20. UNDERTAKER

G. V. Ringer ADDRESS Glennon Mo

