

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

Do not use this space.

25120

**1. PLACE OF DEATH**

County Lawrence

Registration District No. 471

Township Peirce

Primary Registration District No. 5634

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 24

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Joseph Anthony  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

W.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Jack

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

March 11 - 1871

**7. AGE**

YEARS 58 MONTHS 3 DAYS 13

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

House mkt

(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)

Neuten Co -

**10. NAME OF FATHER**

M. L. Dalalson -

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Tenn -

**12. MAIDEN NAME OF MOTHER**

Edyia Mason

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ill

**14. INFORMANT**

(Address)

Jack Anthony  
Peirce City Mo

**15. FILED**

76, 1929

H Ross Helark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 4 1929

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
to \_\_\_\_\_, 1929, to \_\_\_\_\_, 1929,  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 1929, and that  
death occurred, on the date stated above, at \_\_\_\_\_, m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Instal. meningococci

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT BY PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.

, 19 (Address) Peirce 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

St. Patrick's

July 6 1929

**20. UNDERTAKER**

ADDRESS

Wm. Russell J.

Peirce City

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.

1929

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