

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

Do not use this space.

+ 28366

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Humboldt (No. Residing Hospital)

Registration District No. 547  
Primary Registration District No. 3079

File No. \_\_\_\_\_  
Registered No. 197  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mary Treaster  
(a) Residence. No. 121 1/2 Ely St., 4 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**

Female

**4. COLOR OR RACE**

White

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

Married

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

Philip C. Treaster

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

Mar. 30 - 1889

**7. AGE**

YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
40	4	17	

**8. OCCUPATION OF DECEASED**

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

Orange Texas

**10. NAME OF FATHER**

Blakley

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

Unknown

**12. MAIDEN NAME OF MOTHER**

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

**14. INFORMANT (Address)**

Philip Treaster  
Humboldt Mo

**15. FILED**

8/19 19 29 C. Clouse  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug. 17 19 29

**17. I HEREBY CERTIFY, That I attended deceased from** Aug 1, 1929, to Aug 17, 1929, that I last saw him alive on Aug 17, 1929, and that death occurred, on the date stated above, at 4: P. m.

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

Chronic Myocarditis  
93C  
History 2  
(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

906  
(duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

**20. WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. A. Welles, M. D.  
, 19 (Address) Humboldt 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**

Riverside

**DATE OF BURIAL**

Aug 20 19 29

**20. UNDERTAKER**

Wm. Smith

**ADDRESS**

Humboldt

Mo.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. In plain terms, so that it may be properly classified. 8 233 2 31

