

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

Do not use this space.

31461

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township _____ Primary Registration District No. 4363
 City Neosho (No. _____) St. _____ Ward _____

File No. 78
 Registered No. _____

2. FULL NAME Jane Margeson
 (a) Residence No. 207 Hamilton St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? 60 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Beridge Margeson
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1839
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 5 13

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) Franklin Co.
 (STATE OR COUNTRY) England

10. NAME OF FATHER John Weatherbrook

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

12. MAIDEN NAME OF MOTHER Ann Coates

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

14. INFORMANT Miss Lizzie Caldwell
 (Address) 207 Hamilton St Neosho

15. FILED 10/2/29 19. C. B. Marston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929
 17. I HEREBY CERTIFY That I attended deceased from July 25 1929 to Sept 25 1929 that I last saw her alive on Sept 25 1929, and that death occurred, on the date stated above, at 2:05 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Senility
 110 V (duration) _____ yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 90 years
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT A PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Oralabel M. D.
9/25, 1929 (Address) Neosho 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 Hale Cemetery DATE OF BURIAL 9-26-29

20. UNDERTAKER J. B. Thompson ADDRESS Neosho

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

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.

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