

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

Do not use this space.

31607

1. PLACE OF DEATH Platte
 County Marshall Registration District No. 698
 Township Marshall Primary Registration District No. 5927
 City Marion (No. S St. Luville Ward)

2. FULL NAME Mary S Luville
 (a) Residence. No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>4</u>	<u>14</u>	

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 _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 - 1929

17. I HEREBY CERTIFY. That I attended deceased from Sept 23, 1929, to Sept 30, 1929, (that I last saw h. e. l. alive on Sept 26, 1929, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82-11
 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY Aortic Sclerosis
 (SECONDARY) Heart Failure (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Jos. M. Sabin, M. D.
 19 (Address) Seabore 911

*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.

9. BIRTHPLACE (CITY OR TOWN) Platte Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Sam Peppis

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

12. MAIDEN NAME OF MOTHER Mary Day

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

14. INFORMANT Wm Luville
 (Address) Weston Mo

15. FILED 10/2 1929 J. H. Brice REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Graceland DATE OF BURIAL Oct 2 1929

20. UNDERTAKER J. H. Brice ADDRESS Weston 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.

2 1929

