

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

Do not use this space.

33101

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.

22-1929

PLACE OF DEATH

County Butler Registration District No. 89
 Township Cornia Bluff Primary Registration District No. 3007
 City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 165
 St. _____ Ward _____

2. FULL NAME

Mary James
 (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

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 Mart James

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 7 17

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) at Home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

10. NAME OF FATHER Sam Watson

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

12. MAIDEN NAME OF MOTHER Mary Cox

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

14. INFORMANT Mart James
 (Address) Cornia Ark

15. FILED Oct 27 1929 Dr. B. J. Cline REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1929

17. I HEREBY CERTIFY, That I attended deceased from _____ 19 _____ to 10-3-29 19 _____ that I last saw him alive on 10-3-29 19 _____ and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arthura 17 1/2
112
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Arthura
9-30-29 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED CORNING
 IF NOT AT PLACE OF DEATH, DATE OF 9-30-29
 DID AN OPERATION PRECEDE DEATH? no

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Corning Ark
 DATE OF BURIAL Oct 6 1929
 20. UNDERTAKER A. M. Green Poplar Bluff Mo
 ADDRESS _____

*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.

J. M. P. O. Weston