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

Do not use this space.

34430

1. PLACE OF DEATH
County Marion — Registration District No. 547
Township Mason — Primary Registration District No. 3029
City Hannibal (No. 501 Willow St. St. 6 Ward)

File No.
Registered No. 250

2. FULL NAME Mary Florence Waters
(a) Residence. No. 501 Willow 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30-1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	0	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Graduate
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vandalia
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Roy M. Waters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vandalia
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Harriett Kennedy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Vandalia
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Roy Waters
(Address) Hannibal Mo.

15. FILED Oct 22, 1929 C E Causins C.T. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from August 25th, 1929, to Oct 19th, 1929, that I last saw her alive on Oct 19th, 1929, and that death occurred, on the date stated above, at 12:48 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Failure
131
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis Hemorrhagic
Probably (duration) 2 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) D. Hopkins D.O. ~~M.D.~~
, 19 (Address) 102 N. 6th St.

*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
Mt Olivet	Oct. 21 1929
20. UNDERTAKER Wm M. Smith	ADDRESS Hannibal Mo.

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.