

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

Do not use this space.

41744

1. PLACE OF DEATH

County Judasha Registration District No. 712
 Township Putnam Primary Registration District No. 4427
 City Putnam, Missouri (No. 12) St. _____ Ward _____

File No. _____
 Registered No. 30

2. FULL NAME

Mary H. Seer
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 3 28

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) Ashley Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER Full

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Miss Mathy Seer
 (Address) Richland Mo

15. FILED 12-18, 1929 Orville A. Oliver
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 - 1929

17. HEREBY CERTIFY, That I attended deceased from Dec 4 - 29 1929 to Dec 17 - 1929 that I last saw her alive on Dec 15 - 1929 and that death occurred, on the date stated above, at 8 am

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
130
Acute
parenchymatous (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at place of death
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. C. Fowler M. D.

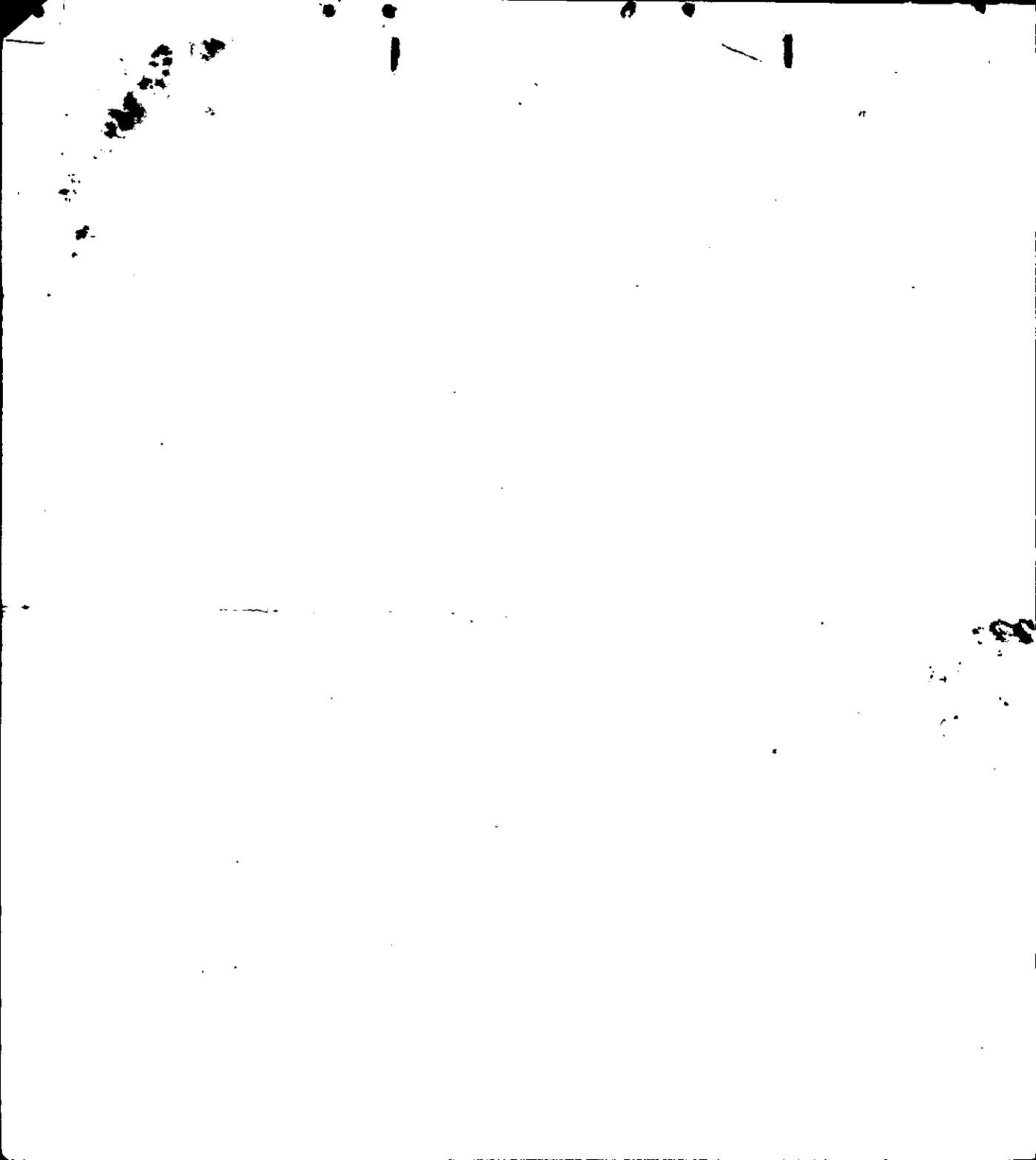
12-19-1929 (Address) Richland

*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 Danens Cemetery DATE OF BURIAL 12/19/29

20. UNDERTAKER W. Seer ADDRESS Richland 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.
 MARGIN RESERVED FOR BINDING
 V. No. 2



Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Mary H. Gies

Who died at: Richland MS on Dec 17, 1929

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Nephritis, acute
Paraneurmatous - 1 year & 10 days

Contributory: Unknown
Acute exacerbation of a chronic condition

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Abraham