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

Do not use this space.

2514

File No. .....
Registered No. 4

1. PLACE OF DEATH
County St Louis
Township .....
City Webster Grover (No. 339 So Gore St. ..... Ward)

Registration District No. 788
Primary Registration District No. 4471

2. FULL NAME Mary Ann Gober
(a) Residence. No. — St., ... Ward. Greenville Tex
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 15 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J B Gober

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	1	27	

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) Fannin Co
(STATE OR COUNTRY) Texas

PARENTS
10. NAME OF FATHER Lutheria Glass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Rebecca Callaway
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Texas

14. INFORMANT R A Miller
(Address) 339 Gore

15. FILED 1-6, 1930 Arthur W Westrup REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-29, 1929, to Jan 6, 1930 that I last saw her alive on 1-5, 1930, and that death occurred, on the date stated above, at 4 m.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
15B
115A Acute Myocarditis
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Streptococcus Infection of throat, Erysipelas, Multiple Arthritis, Interstitial Nephritis (duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) Arthur W Westrup, M. D.
1-6, 1930 (Address) Webster Groves, 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 Greenville Texas
DATE OF BURIAL Jan 6 1930

20. UNDERTAKER Parker Und Co
ADDRESS Webster Groves

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.