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

Do not use this space.

3683

1. PLACE OF DEATH
County Scotland — Registration District No. 809 — File No.
Township ~~Hamilton~~ — Primary Registration District No. 4487 — Registered No. 1
City Gorin (No. ..... St. ..... Ward)

2. FULL NAME Mary Carloine Lease
(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 15 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: J. R. Lease

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 14-1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63	2	27	

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) (STATE OR COUNTRY): Knox Co. Mo.

PARENTS
10. NAME OF FATHER: Rice C Creason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ray Co. Mo.
12. MAIDEN NAME OF MOTHER: Elizabeth Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia

14. INFORMANT: Scott Creason
(Address): Gorin Mo.

15. FILED Jan 15 1930 F. M. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/11/30 1930.

17. I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1929, to Jan 11th, 1930, that I last saw her alive on Jan 11th, 1930, and that death occurred, on the date stated above, at 9 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
82A
82D
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): apoplexy
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of Death
DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H H Marriott M.D.C.
1-14, 1930 (Address) Ruttedge 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: Gorin Cemetery — DATE OF BURIAL: Jan 12 1930

20. UNDERTAKER: Gerty & Barnett — ADDRESS: Gorin 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.

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