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

Do not use this space. 3777

1. PLACE OF DEATH
County: Taney — Registration District No.: 859 — File No.: 42
Township: Olivar — Primary Registration District No.: 6130 — Registered No.:
City: (No. ..., St. ..., Ward)

2. FULL NAME: Mary E. Luce
(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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr T. M. Luce
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5th 1843
7. AGE: Years 86, Months 3, Days 5; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic
(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): Westville Ohio
PARENTS
10. NAME OF FATHER: Mr Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know
14. INFORMANT (Address): John S. Werly - Kirbyville Mo.
15. FILED 1/10, 1929 Pa Thornhill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 10 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1929, to Jan 10, 1930 that I last saw her alive on Sept 15, 1929, and that death occurred, on the date stated above, at 1:00 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Senility
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Right hemiplegia
(duration) yrs. 4 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? None
(Signed) Harry T. Evans, M.D.
, 19 (Address) Hollister 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: Willsville Mo — DATE OF BURIAL: Jan 10 1930
20. UNDERTAKER: Ko Whelchel — ADDRESS: Branson

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

JAN 21 1930

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J. S. Werley