MAR 24 1930

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

Do not use this space.
Dr. Harrison

3964

1. PLACE OF DEATH
County Audrain
Township Salt River
City Mexico Mo (No. ..... St. ..... Ward)
Registration District No. 26
Primary Registration District No. 3002
File No. .....
Registered No. 35

2. FULL NAME Mary C. Rixey
(a) Residence. No. 702 So. Jefferson St., 4th 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: 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: W. J. Rixey
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 17 - 1851
7. AGE: Years 78, Months 10, Days 10; If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home Maker
(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) Warren Co. Mo.

PARENTS
10. NAME OF FATHER: Wm Harper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rix (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER: Mary C. Harper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Warren Co. Mo.

14. INFORMANT: Mrs. F. P. Van Ness
(Address) Mexico Mo.

15. FILED Feby 28th 1930 Ina S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-27-1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930 to Feb 27, 1930 that I last saw her alive on 2-27-30, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93D Myocarditis —
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General Arterial Sclerosis
(duration) 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) J. F. Harrison, M. D.
19 (Address) Mexico 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: Mexico Mo.
DATE OF BURIAL: Feb 28 - 1930
20. UNDERTAKER: McPhetters Bros.
ADDRESS: Mexico 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.

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