

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.

APR 30 1930

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

Do not use this space.

6038

1. PLACE OF DEATH

County Putnam  
Township Unionville  
City Unionville (No. ....)

Registration District No. 714  
Primary Registration District No. 6430

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

Mary Elizabeth Towne  
(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 Female  
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 M. S. Towne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 8 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) Fairlands Mill  
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER John Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Port Union  
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Port Union  
(STATE OR COUNTRY) Ky.

14. INFORMANT Frank W. Towne  
(Address) Kirksville, Mo.

15. FILED 200 1930 J. H. Kohman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1929 to Feb 19 1930 that I last saw him alive on Feb 14 1930 and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

82A  
Cerebrovascular (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Unionville

8 DID AN OPERATION PRECEDE DEATH? DATE OF ... no

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. J. Montgomery M. D.  
r-70-1930 (Address) Unionville

\*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 Unionville Cemetery  
DATE OF BURIAL 2/21 1930

20. UNDERTAKER Countess Merc Co Unionville  
ADDRESS

