MAY 27 1930

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

Do not use this space.

13743

~~13026~~

1. PLACE OF DEATH
County St Charles
Township Cuivre
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 758
Primary Registration District No. 5999

File No. .....
Registered No. 138

2. FULL NAME Mrs. Mary A. Meyers
(a) Residence. No. Fallon R 3 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. 6 mos. ✓ 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)
F	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Marshall Meyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	5	✓	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Green Co.
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Mayberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Green Co.
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Mayberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Green Co.
(STATE OR COUNTRY) Ill.

14. INFORMANT Per Walter Mayberry
(Address) Fallon Mo. R 3

15. FILED 4/9/1930 Dr. J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1929, to April 12, 1930 that I last saw her alive on April 9, 1930 and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Senile Gangrene
7 OR
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1518
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) [signature] M. D.
, 19 (Address) Old Monroe 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~~	DATE OF BURIAL
Highland Prairie Ethlyn Mo	4-15 1930

20. UNDERTAKER	ADDRESS
E A Keithly	Fallon Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.