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

Do not use this space.

14184

File No. 3518
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. St. Anna's Hosp. St. ..... Ward)

2. FULL NAME Mary A. Freshwater

(a) Residence. No. 2612 Alice St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hardy F. Freshwater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-9-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	0	26	

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) Linn Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Jasper Weeks
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Adeline Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Hardy F. Freshwater
(Address) 2012 Alice Ave

15. FILED APR 11 1930 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 4 1930, to Apr 5 1930, that I last saw her alive on Apr 5 1930, and that death occurred, on the date stated above, at 8.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
14413
95 D
145 C
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Long Hard
Complicated
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. T. White, M. D.
4/7, 1930 (Address) 2803 N. Kingshighway

*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 Belle Mo — DATE OF BURIAL 4/8 1930

20. UNDERTAKER H. A. Stark Und Co. — ADDRESS 4117 Grand

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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2803.70 [illegible]

9-10 — 1-2-7-8