

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

Do not use this space.

15828

1. PLACE OF DEATH

County Gentry
Township Athens
City..... (No.....)

Registration District No. 309
Primary Registration District No. 5729

File No.....
Registered No. 26
St..... Ward)

2. FULL NAME

Mary Jane Kingsbough

(a) Residence. No..... St..... Ward..... (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

MEDICAL CERTIFICATE OF DEATH

3. SEX

female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

John Kingsbough

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

Dec 25-1942

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
87	4	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hom Woman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bloomfield Iowa

(STATE OR COUNTRY)

10. NAME OF FATHER

Lee Ray E. Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Atter Tenn

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Martha Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

ky

(STATE OR COUNTRY)

14. INFORMANT

Eula Kingsbough
(Address) Albany

June 11 1930

W. P. Martin
REGISTRAR

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

May 1 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 to Jan 1 1930 that I last saw her alive on Jan 30 1930, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

129A (duration) 1 yrs. 0 mos. 0 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. N. Barger M. D.

(Address) Albany 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

Henton Cemetery May 3 1930

20. UNDERTAKER

ADDRESS

A. J. Base Albany

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.

22-1530

