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

Do not use this space.

~~20478~~

JUL 25 1930

1. PLACE OF DEATH
County: Ray
Township: Richmond
City: Rayville (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 39763

File No. 20379
Registered No. 92

2. FULL NAME Mary P Larkey

(a) Residence. No. ..... St. ..... Ward. Rayville Mo
(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 Chas H Larkey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	0	23	

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

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm A White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Anna Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Camden Mo

14. INFORMANT Laura Crowley
(Address) Rayville, Mo

15. June 17, 30 E. E. Gay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14, 1930.

17. I HEREBY CERTIFY, That I attended deceased from About ....., 19..., to June 14, 1930, that I last saw h... alive on June 14, 1930, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old age. General debility and Arteriosclerosis.
97
(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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) G. A. Long, M. D.
, 19 (Address) Rayville, 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
New Hope, Richmond Mo	6/16 1930

20. UNDERTAKER	ADDRESS
J S Rowland	Rayville, Mo

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.