DEC 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County: Pike — Registration District No.: 686 — File No.: 37041

Township: Spencer — Primary Registration District No.: 5913 — Registered No.: 17

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Mary Telyhakisen

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	0	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Honor wife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Pike Co
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Joseph McNary

11. BIRTHPLACE OF FATHER (CITY OR TOWN): scott
(STATE OR COUNTRY): Ill

12. MAIDEN NAME OF MOTHER: Martha Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ketto
(STATE OR COUNTRY): Indiana

14. INFORMANT: Guy Rison
(Address): Frankford, Mo

15. FILED: Dec 9, 1930 — Mattie Unwell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov - 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1930, to Nov 2, 1930, that I last saw her alive on Nov 2, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 908

(duration) ..... yrs. ..... mos. ..... 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) O W Snodgrass, M.D.

Dec 6, 1930 (Address) Frankford, 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: Frankford Mo — DATE OF BURIAL: Nov - 4 1930

20. UNDERTAKER: E. G. Fields — ADDRESS: Frankford Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Pike — Registration District No. 686 — File No.
Township Spencer — Primary Registration District No. 5913 — Registered No. 17
City (No. , St. Ward)

2. FULL NAME Mary Tebyha Kiser
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 28-1861

7. AGE: 69 YEARS — MONTHS: — DAYS: 4 — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Pike Co Mo

PARENTS
10. NAME OF FATHER: Joseph McNary
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scott Mo
12. MAIDEN NAME OF MOTHER: Martha Black
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kelto Indiana

14. INFORMANT: Guyer Kiser
(Address): Frankford Mo

15. FILED, 19 — T J Elmore, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1930, to Nov 2, 1930, that I last saw her alive on Nov 2, 1930, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease
(duration) 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? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) O. W. Snodgrass, M.D.
Nov 5, 1930 (Address) Frankford 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: Frankford Mo — DATE OF BURIAL: Nov 4 1930

20. UNDERTAKER: E. C. Fields — ADDRESS: Frankford Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE ... OR CERTIFICATES UNTIL ... ARE COMPLETE AS PRESCRIBED BY LAW
CAUSE OF DEATH in plain terms, so that it ... classified. ... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ... Statement of OCCUPATION is ... ant.

S- 37041