

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

Do not use this space.

1887

1. PLACE OF DEATH
 County Coyland Registration District No. 449
 Township Lebanon Primary Registration District No. Lebanon
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 577622

2. FULL NAME Mary Corry
 (a) Residence. No. _____ 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 15 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 21

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) 235
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ireland 195
 (STATE OR COUNTRY)

10. NAME OF FATHER John D. Selmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Graham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT F. M. Corry
 (Address) Lebanon Mo.

15. FILED 1/6 1930 J. M. Blum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 5 1931

I HEREBY CERTIFY, That I attended deceased from Jan. 4 1931 to Jan. 5 1931
 that I last saw him alive on Jan. 1 1931, and that death occurred, on the date stated above, at 8:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric ulcer
117A
102 (duration) 2 yrs. 2 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
 (Signed) J. W. Casey M. D.
 , 19 1931 (Address) Lebanon 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 Lebanon Cemeter DATE OF BURIAL Jan. 7 1931

20. UNDERTAKER Selmer ADDRESS Lebanon 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.

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