

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

Do not use this space.

9466

**1. PLACE OF DEATH**

38  
2  
1  
County Henry  
Township Coopers  
City Earhart (No. \_\_\_\_\_)

Registration District No. 310  
Primary Registration District No. 54292

File No. \_\_\_\_\_  
Registered No. 73  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Ann Consoliver

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 James Consoliver

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1/35

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hugginsville

13. NAME Morris Huggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble County, Mo.

15. MAIDEN NAME Margaret Blackbridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County

17. INFORMANT (ADDRESS) Hugginsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugginsville DATE 3-23-1931

19. UNDERTAKER (ADDRESS) Walter Barr

20. FILED 3/23 1931 Mattie David Moll Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23<sup>rd</sup>, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 20<sup>th</sup>, 1931, to March 23<sup>rd</sup>, 1931.

I last saw him alive on March 22<sup>nd</sup>, 1931. Death is said to have occurred on the date stated above, at 12:10 pm.

The principal cause of death and related causes of importance were as follows:

acute Broncho Pneumonia

HA  
101A HA

Other contributory causes of importance:

acute Influenza

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W.S. Campbell, M. D.

(Address) Abbeville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

