WHITE PLANET, 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.

MAY 27 1931

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

Do not use this space.

15420

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1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018A — Registered No. 59

Near City Farmington, Mo. (No. 4 St. Ward)

2. FULL NAME Mary E. Waters

(a) Residence, No. Qulin, Mo. 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. 21 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: J. W. Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25, 1883

7. AGE: YEARS 48 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 2 ?

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

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): Blunt County Ala. 2

FATHER

13. NAME: Dave Doty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

MOTHER

15. MAIDEN NAME: Laradie Releford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

17. INFORMANT (ADDRESS): Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Maple Grove Cem. PLACE Blytheville, Ark. DATE 4-23 1931

19. UNDERTAKER (ADDRESS): J. C. Cobb - Blytheville, Ark.

20. FILED Apl 22 1931 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1931, to April 21, 1931

I last saw her alive on April 21, 1931. Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Chronic interstitial nephritis — Date of onset

131
132B

131 C

Other contributory causes of importance:

Uremia

Name of operation ..... 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? .....

If so, specify Ralf Hanks

(Signed) Farmington Mo, M. D.

(Address) .....