

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

Do not use this space.

5800

**1. PLACE OF DEATH**

County Randolph  
Township \_\_\_\_\_  
City Moberly (No. \_\_\_\_\_)

Registration District No. 735  
Primary Registration District No. 3034

File No. \_\_\_\_\_  
Registered No. 266 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mary Florence Cere  
(a) Residence, No. 927 Myra 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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. F. Cere</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>December 7-1867</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.	
	<u>64</u>	<u>1</u>	<u>28</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work. <u>Housewife 235</u>					
(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) <u>Missouri</u>					
PARENTS	10. NAME OF FATHER <u>Daniel Smith</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
	12. MAIDEN NAME OF MOTHER <u>Mary Baker</u>				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 5-1932 to Feb 5-1932 that I last saw her dead also on Feb 5-1932 and that death occurred, on the date stated above, at 1:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

I don't know as she was dead before I arrived. Was sick only 1/2 to 1 hour  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritic  
(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. At her home in country  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? no diagnosis made  
(Signed) A. H. Shraffer, M. D.  
Address) Moberly, 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.

14. INFORMANT <u>M. F. Cere</u> (Address) <u>927 Myra St</u>
15. FILED <u>2/6 1932</u> <u>Thos. J. Fleming</u> REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Chapel Grove Cemetery</u>	DATE OF BURIAL <u>Feb 7 1932</u>
20. UNDERTAKER <u>Snow-Heaverton</u>	ADDRESS <u>Moberly Mo</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS PERMANENT RECORD

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68  
88

FILED 2 4 1932

