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.

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

Do not use this space.

Dr. Mitchell

File No. 41051

Registered No. 344

1. PLACE OF DEATH

80 County: Pettis

Township: Flat Creek

City: (No. St. Ward)

Registration District No. 668

Primary Registration District No. 5791

2. FULL NAME Mary Elizabeth Christison

(a) Residence, No. Livingston County 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. 2 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Femal	White	widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Thyen Christison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	3	17	

OCCUPATION

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

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) Kentucky

FATHER

13. NAME Stephen A. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Louisa Murry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Addie Pearl Underhill
(ADDRESS) Sedalia Mo. Funeral Delivery

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hutchinson Cemetary Livingston Co. Mo. DATE 12-23, 1932

19. UNDERTAKER H. C. Laughlin Bros.
(ADDRESS) Sedalia Mo.

20. FILED 12-23, 1932 J. E. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 19, 1932

I last saw h. alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
L. Pneumonia	
Chronic Nephritis	
Other contributory causes of importance: old age. (1)	

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? no 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) J. Mitchell, M. D.

(Address) Sedalia Mo.