

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

Do not use this space.

10423

1. PLACE OF DEATH

County Monroe
Township Franklin
City Franklin (No. 1)

Registration District No. 522

Primary Registration District No. 1250

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Mary Jane Allison St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 13 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1850

7. AGE YEARS 82 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
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) Commerce Mo

13. NAME Mary Jane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

15. MAIDEN NAME Knowlton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo

17. INFORMANT (ADDRESS) Carl W. Allison

18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin DATE 3/14 19

19. UNDERTAKER (ADDRESS) James D. Wells

20. FILED 3-13-1923 J. J. Pawley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1923

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1923 to March 12, 1923

I last saw her alive on March 12, 1923 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:

Myocarditis Date of onset Not known

933 934

Other contributory causes of importance: Arterio-sclerosis Not known

Name of operation None Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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) Paul Murphy M. D.

(Address) Franklin, Mo

