MAR 31 1933

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

Do not use this space.

12010

1. PLACE OF DEATH
County Scott — Registration District No. 819 — File No.
Township Morley — Primary Registration District No. 4495 — Registered No.
City Morley (No. , St. Ward)

2. FULL NAME Mary Reville
(a) Residence, No. 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. 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 Levi Reville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
54	2	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Boulinger Co Mo

FATHER
13. NAME David Wilkerson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER
15. MAIDEN NAME Josephine Boulinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

17. INFORMANT (ADDRESS) Levi Reville Morley Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morley DATE 3/15 1933

19. UNDERTAKER (ADDRESS) C Dm Duplow Morley Mo

20. FILED 3/17 1933 Mrs. D. D. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
92A Valvular Heart Trouble	

Other contributory causes of importance: 92A

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
(Signed) H J Welsh Coroner Scott Co Mo
(Address) Sikeston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

3.35