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.

SEP 26 1933

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

Do not use this space.

25803

1. PLACE OF DEATH

County Callaway, Registration District No. 104 File No.

Township Primary Registration District No. 3008 Registered No. 159

City Fulton, Mo, (No. , St. Ward)

2. FULL NAME Mrs, Mary Frances Rootes,

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed of De, Geo-Rootes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 25th, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
81	9	2	

OCCUPATION

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

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) Mo,

FATHER

13. NAME Samuel Watson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va,

MOTHER

15. MAIDEN NAME Marthia Jefferies,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va,

17. INFORMANT (ADDRESS) Francis Rootes, Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hillcrest Cemetery DATE Aug, 28-1933

19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED Aug 28, 1933 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/8/, 1933, to Aug, 26th, 1933
I last saw her alive on Aug 26th, 1933 Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

93C
Chronic Myocarditis
93C

Other contributory causes of importance:
Mal nutrition

Name of operation X Date of
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) C. H. Christian, M. D.
(Address) Fulton Mo.