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.

NOV 10 1933

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

Do not use this space.

34115

1. PLACE OF DEATH Polk Fair Play
County Polk — Registration District No. 702 — File No.
Township Madison — Primary Registration District No. 4423 — Registered No.
City (No. , St. Ward)

2. FULL NAME Margeret Catherine Mead
(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 30 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) Widdowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 17 1860

7. AGE — YEARS 73 — MONTHS 1 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeping house
10. Date deceased last worked at this occupation (month and year) To date 1933 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co Mo

FATHER
13. NAME Robert Maberry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co Mo

MOTHER
15. MAIDEN NAME Frances Graves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Minta Murray Fair Play Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Halfway Cem DATE Oct 24 1933

19. UNDERTAKER (ADDRESS) A B Wright Fair Play Mo

20. FILED Oct 20, 1933 Chas H Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933, to Oct 20, 1933
I last saw her alive on Oct 20, 1933. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Both Lungs	Oct 17 1933
10	

Other contributory causes of importance: 106 #

Name of operation None — Date of
What test confirmed diagnosis? Clinical — 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) Chas H Brown, M. D.
(Address) Fair Play Mo