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

28942 Do not use this space.

File No. 406

Registered No.

1. PLACE OF DEATH SEP 19 1934

County Greene Registration District No. 318

Township Primary Registration District No. 2094

City Springfield Mo. (No. 773 E. Walnut St. Ward)

2. FULL NAME Mae Cinar Durst

(a) Residence, No. 773 E. Walnut Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Harry D. Durst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29-1875

7. AGE: Years 58 | Months 10 | Days 8 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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): Sand Lake Mich.

FATHER

13. NAME: Jerome Dickerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER

15. MAIDEN NAME: Susan Geary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

17. INFORMANT (ADDRESS): Harry D. Durst 773 E. Walnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hoplewood DATE Aug 9 1934

19. UNDERTAKER (ADDRESS): Selma Sommer Springfield Mo.

20. FILED Aug 8 1934 [illegible]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 7 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1934, to August 7, 1934.
I last saw her alive on August 7, 1934. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Gun shot wound left chest fracture 6 7 Rib

Date of onset

Other contributory causes of importance:

Influenza

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? Suicide Date of injury Aug 2, 1934
Where did injury occur? Springfield Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
At her house

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible], M. D.
(Address) Springfield Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD