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.

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

Do not use this space.

1. PLACE OF DEATH
County Cole 1935 — Registration District No. 213 — File No. 4770
Township — Primary Registration District No. 3014 — Registered No. 86
City Jefferson City Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mary Lue English
(a) Residence, No. 830 E. Miller St., ... 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 1935
7. AGE: YEARS 13 day old; MONTHS; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Jefferson City Mo.

FATHER
13. NAME Eugene English
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

MOTHER
15. MAIDEN NAME Beatrice Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo.

17. INFORMANT (ADDRESS) Mr Eugene English 830 E. Miller
18. BURIAL, CREMATION, OR REMOVAL
PLACE New City Cemetery DATE Feb 14 1935
19. UNDERTAKER (ADDRESS) L. O. Haldiman J. C. Mo.
20. FILED 3/9 1935 W Bedford M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1935 to Feb. 12 1935
I last saw her alive on Feb. 12 1935 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	Unknown
Due anemia of mother	

Other contributory causes of importance:

General debility	Unknown

Name of operation ..... 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) R G Richardson, M. D.
(Address) Jefferson City, Mo.