

SEP 25 1935

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

Do not use this space.

26402

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City J.C. Mo. (No.)File No. 5742

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Mary Lucilla Carey
(Usual place of abode) Plattsburg, Mo. St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Widowed21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 19355A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

June 15 1935, to Aug. 9 1935Last saw him alive on Aug. 9 1935. Death is said6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1858to have occurred on the date stated above, at 12:50 a.m.7. AGE YEARS MONTHS DAYS If LESS than 1
day, hrs. or min.
76 10 8

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. House wife9. 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

Date of onset

Aug. 6/1/34

Other contributory causes of importance:

Unknown12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Clinton County, Mo.13. NAME Attila C. CookName of operation None Date of14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo.What test confirmed diagnosis Physician's Report Was there an autopsy? no15. MAIDEN NAME Mary Ann Bivens

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT G. C. Carey
(ADDRESS) Jarvisview Mo.

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plattsburg Mo. DATE Aug 9 193524. Was disease or injury in any way related to occupation of deceased? no

If so, specify

19. UNDERTAKER Nelson - O'Brien
(ADDRESS) Plattsburg, Mo.(Signed) M. D. Stitt M. D.20. FILED Aug 8 35 M. J. M. Brown
Registrar.(Address) 1503 Woodbury Bldg.R. C. M. S.

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.

