

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

Do not use this space.

OCT 24 1933

29386

1. PLACE OF DEATH

County Howell Registration District No. 384
Township Howell Primary Registration District No. 5533
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary C. Speaker

(a) Residence, No. Rover Rt. St. _____ Ward _____
(Usual place of abode) West Plains, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1840
7. AGE 95 YEARS 5 MONTHS 22 DAYS If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6³⁰ am Sept. 5, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Aug 27, 1933
I last saw her alive on Aug. 12, 1933. Death is said to have occurred on the date stated above, at 6:30 A.M.
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. None
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 _____

Senility
104927
Other contributory causes of importance:
Angina pectoris
and "Colds"

12. BIRTHPLACE (CITY OR TOWN) Colliers (STATE OR COUNTRY) West Virginia
13. NAME David Snyder
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? _____

17. INFORMANT W. G. Speaker. (ADDRESS) Rover r. West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE West Plains, Mo. DATE Sept. 8, 1933
Oak Lawn Cem.

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 _____

19. UNDERTAKER Hal Thomburg (ADDRESS) West Plains, Mo.
20. FILED Sept 7, 1933 Vida A. SIMONS Registrar.

24. Was disease or injury in any way related to occupation of deceased? Y.
If so, specify _____
(Signed) W. G. Speaker, M. D.
(Address) West Plains, 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.

