

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.

SEP 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26203

1. PLACE OF DEATH
County Leury Registration District No. 311
Township Bozell Primary Registration District No. 5430
City (No.) St. Ward

2. FULL NAME Mary Jane Poath
(a) Residence, No. Leury, Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 79 yrs. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Poath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-18-57</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>2</u>
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. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leury Co</u>	
	13. NAME <u>Evelyn Chapman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Elyzeth Brooks</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. R. De Ross</u> <u>Leury, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Leury</u> DATE <u>8-20</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>E. Johnson</u> <u>Leury, Mo.</u>		
20. FILED BY <u>D. C. H. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14 1936, to Aug 12 1936.
I last saw her alive on Aug 12 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Ingestion of food and old age. Date of onset 7-17-36

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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) Charles J. Kelleman M.D.
(Address) Leury Mo

