

FEB 19 1937

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

Do not use this space.

28

1. PLACE OF DEATH
 County Andrew Registration District No. 6-26-9
 Township Benton Primary Registration District No. 30315012 Registered No. 6
 City Savannah (No. St. Ward)

2. FULL NAME Mary Francis June
 (a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John L. June
Oct. 21, 1858
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS 78 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Ottumwa, Ia.

FATHER
 13. NAME Nathan Bigley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Fred June Graham, Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Oak Hill
 PLACE Marvville, Mo. DATE Jan. 17, 1937

19. UNDERTAKER Price Funeral Home
 (ADDRESS) Marvville, Mo.

20. FILED 1-23 1937 Mamie E. Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Jan 15, 1937, 1937.
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1:25pm.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Jan 15

Other contributory causes of importance:

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?..... 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?
 If so, specify.....
 (Signed) Dr. H. T. Kelly M. D.
 (Address) Savannah Mo.

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.

