APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Wrightlin
Township Salem
City ..... (No. ..... St. ..... Ward)

Registration District No. 290
Primary Registration District No. 5408

File No. 11803
Registered No. 94

2. FULL NAME Mary C. Cheek
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~[illegible]~~ Mary C. Cheek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-8-1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	85	5	2	

2 8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

1 9. BIRTHPLACE (CITY OR TOWN) Marble Hill
2 (STATE OR COUNTRY) Missouri

PARENTS
2 10. NAME OF FATHER Richard Master
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Raliegh
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Nancy C Lincoln
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marble Hill
(STATE OR COUNTRY) Missouri

14. INFORMANT M. C. Johnson
(Address) Arbyrd Mo

15. FILED Apr 12 1937 A. S. McDaniel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10 1937

17. I HEREBY CERTIFY, That I attended deceased from Feb 9 - 1937, to Feb. 10, 1937 that I last saw her alive on Feb 9 - 1937, and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH At Home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. H. Limbaugh M. D.
2/10, 1937 (Address) Arbyrd Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Marsh Cem
DATE OF BURIAL: 2-11 1937

20. UNDERTAKER: Lintz und G Kennett Mo.
ADDRESS

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.