DEC 27 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Pettis
Township Longwood
City (No. St. Ward)
Registration District No. 668
Primary Registration District No. 5898
File No. 316 321
Registered No. 668

2. FULL NAME Mary Screlda Teris
(a) Residence, No. Longwood Mo 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. 8 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Dan Tivis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7-1859
7. AGE 35 YEARS 78 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) Nov 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humansville Mo

FATHER
13. NAME Hugh L. Brummett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

MOTHER
15. MAIDEN NAME Margret Hacker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn

17. INFORMANT (ADDRESS) Joe Brummett Longwood Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Knobnoster DATE Nov 14 1937
19. UNDERTAKER (ADDRESS) M. C. Westbrook Houstonia Mo
20. FILED 11-13 1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1937, to Nov 12 1937
I last saw her alive on Nov 12 1937. Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset: Thirty
Other contributory causes of importance: Arterio Sclerosis — Years
Name of operation — Date of —
What test confirmed diagnosis? Usual 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) R. K. Edgell, M. D.
(Address) Longwood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.