REC'D MAR 24 1938

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

Do not use this space.

File No. 8293

Registered No. 2

1. PLACE OF DEATH
County: Scotland
Township: Sand Hill
City: Rutledge (No. ..... St. ..... Ward)
Registration District No. 811
Primary Registration District No. 4489

2. FULL NAME: Mary Virginia Hume 500

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. 24 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: W S Hume

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 1847

7. AGE: Years 90 Months 7 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house wife
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): Preston Co. W. Va.

FATHER
13. NAME: Elias B. Glenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilmington Delaware

MOTHER
15. MAIDEN NAME: Rachel Ann Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

17. INFORMANT (ADDRESS): Mary Lee Hume Rutledge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel DATE: Feb 1 1938

19. UNDERTAKER (ADDRESS): Bailey Undertaking Co. Rutledge Mo.

20. FILED: Mar 7 1938 Mary Lee Hume Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1938, to Feb 26, 1938
I last saw her alive on Feb. 5, 1938. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza, General	
Senile Debility	

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) E. E. Symmonds, M. D.
(Address) Memphis 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.

20M-2-36-38 1 X7294