

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.

Dr. Cossman
REC'D APR 7 1938

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

10512

Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 77
(c) City Jefferson (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Virginia Stray

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Fred Stray

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-16-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. II
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Callaway County, Mo.
(STATE OR COUNTRY)FATHER 13. NAME Jacob E. Harris14. BIRTHPLACE (CITY OR TOWN) Ills.
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Mary M. Saunders16. BIRTHPLACE (CITY OR TOWN) Callaway County, Mo
(STATE OR COUNTRY)17. INFORMANT Fred Stray
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Liver View Cem DATE March-6-193819. FUNERAL DIRECTOR Walter Gordon
(ADDRESS) Jefferson City Mo20. FILED 3/14/38 Walter Gordon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 193822. I HEREBY CERTIFY, that I attended deceased from Feb. 17 1938 to March 3 1938I last saw her alive on Mar 3 1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Biliary Cirrhosis of the Liver Date of onset _____
Cholelithiasis 124/101

Other contributory causes of importance:

Structure of common duct
Ed. Lay Date of 3-3-38
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Walter A. Osburn M.D.(Address) Jefferson City Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)