

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.

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

Do not use this space.

35820

1. PLACE OF DEATH

County Holt  
Township  
City Mound City (No. 656)

Registration District No. 972  
Primary Registration District No. 4214

File No.  
Registered No. 98 P. (970)  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary E. Durham

(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 John Durham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1955

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
8 1/2 9 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sewer work  
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) Ind.

FATHER  
13. NAME John Kyger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
15. MAIDEN NAME Mary Kyger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Hester  
Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE 10/3 58  
19

19. UNDERTAKER (ADDRESS) W. Campbell  
Mound City Mo

20. FILED 10-3, 1957 January Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 31, 1938, to Oct 1, 1938  
I last saw h. in alive on Oct 1, 1938. Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:

Chole cystitis 4 days  
5321

Other contributory causes of importance:  
Central Nervous system

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician's 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) W. Campbell, M. D.  
(Address) Mound City Mo

