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.

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

Do not use this space.

44138

File No. 29
Registered No. 32

1. PLACE OF DEATH
County Newton
Township Granby
City Granby (No. 260 St. Ward)
Registration District No. 614
Primary Registration District No. 4555

2. FULL NAME Mary Francis Dockery
(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 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1886.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
53	yr.	9	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Granby Mo. Newton County Mo.

FATHER
13. NAME Thomas Dockery. O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo O

MOTHER
15. MAIDEN NAME Phebe Shipman. O
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby Mo.

17. INFORMANT (ADDRESS) Leo Shipman Granby Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Granby DATE Dec 14 1939

19. UNDERTAKER (ADDRESS) G. E. Auburn. Granby Mo. Funeral Dir.

20. FILED Dec 14 1939 L. E. Reeves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1939, to Dec 12, 1939
I last saw h. alive on on Dec 10, 1939. Death is said to have occurred on the date stated above, at 39 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy.	

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) L. E. Reeves, M. D.
(Address) Granby Mo.

RECEIVED
District Health Officer No. 6,
District File Number 140-162
Date Filed JAN 10 1940