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

Do not use this space.

18575

JUL 27 1927

1. PLACE OF DEATH
County: Jasper
Township:
City: Carthage (No. ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

2. FULL NAME: Mary Elizabeth Poindexter

(a) Residence. No. 803 Lincoln 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 R. Poindexter

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1 - 1855.

7. AGE: Years 71 | Months 11 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Missouri
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Jas. McCamron
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Mary Blackburn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): N. Carolina
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Dr. Carter
(Address) Carthage, Mo.

15. FILED: June 30, 1927. S. B. Clinton, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 30 1927.

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to June 30, 1927, that I last saw her alive on June 1, 1927, and that death occurred, on the date stated above, at 1.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Face
52
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 48
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. E. Baker, M. D
, 19 (Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Park Cemetery
DATE OF BURIAL: 7 | 2 | 1927

20. UNDERTAKER: Knell Mortuary
ADDRESS: Carthage

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.

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