

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

Do not use this space.

10206

1. PLACE OF DEATH

County Ralls
Township Center
City Center (No.)

Registration District No. 225
Primary Registration District No. 4431

File No.
Registered No.
St. Ward

2. FULL NAME

Josephine Helen Segress

(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Segress

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 - 1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1
				day, hrs. or min.
	<u>27</u>	<u>8</u>	<u>2</u>	

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)

(STATE OR COUNTRY) Lincoln County

10. NAME OF FATHER George Mull

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Lincoln County

12. MAIDEN NAME OF MOTHER Martha Groves

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Martha Rhodes
(Address) Center Mo.

15. FILED 3-27th 28 J. J. Howard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 19 28

17. I HEREBY CERTIFY That I attended deceased from Nov 1, 1927, to Mar 23, 1928 that I last saw h. 2 alive on Nov 23, 1927 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - lobar, left lung
114

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

18. WHERE WAS DISEASE CONTRACTED HW

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Koster, M. D.
109 19 28 (Address) Center

*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 Thorn Hill Cem DATE OF BURIAL March 24 19 28

20. UNDERTAKER J. H. Couch ADDRESS Center Mo

N. E.—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.

1928

