

OCT 30 1928

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

Do not use this space.

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17  
①

1. PLACE OF DEATH

County Newton Registration District No. 608  
Township S. Franklin Primary Registration District No. 5807  
City Fairview (No. ....) (St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME MARY C. CREASON

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Lewis Creason

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 88 11 18

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) Webster Co Missouri

10. NAME OF FATHER Isa M Pilkington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Missouri

12. MAIDEN NAME OF MOTHER Francis Sartin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) K. N.Y. xxxxxxxx

PARENTS

14. INFORMANT Lewis Creason (Address) Menard Okla

15. FILED July 29 1928 L. N. Parnell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19 28, to July 19, 19 28, and that I last saw h. or a. alive on ..... 19 ..... and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Stomach

W. C. J. A. (duration) ..... yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... da.

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) C. Cardwell, M. D.  
Stella Mo, 19 28 (Address)

\*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 Goodnight Cem Barry Co. Mo DATE OF BURIAL July 19 19 28

20. UNDERTAKER J. H. White ADDRESS Fairview Mo

