

FEB 22 1929

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

Do not use this space.

2002

1. PLACE OF DEATH

County St. Louis Registration District No. 408  
Township St. Louis 7th Primary Registration District No. 5565  
City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Mary Mahalia Frances Ralston  
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 | 6 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arkansas  
(STATE OR COUNTRY)

10. NAME OF FATHER W. B. Johnson

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

12. MAIDEN NAME OF MOTHER West

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

14. INFORMANT Mr. Otto Johnson  
(Address) Carthage, Mo.

15. FILED 1/15/29 EU Kelchauer  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1929, to Jan 11, 1929 that I last saw her alive on Jan 11, 1929, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza-Pneumonia  
11A  
109A

(duration) yrs. mos. da. 5  
CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Physical  
(Signed) W. A. La Torre, M. D.  
Jan 15, 1929 (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 Dudman Cemetery DATE OF BURIAL Jan. 15 1929  
ADDRESS

20. UNDERTAKER Kneel Motman ADDRESS Carthage

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.

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2  
2  
2  
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