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

Do not use this space.

7253

1. PLACE OF DEATH

County: Marion — Registration District No.: 8-48 — File No.:

Township: Liberty — Primary Registration District No.: 8-740 — Registered No.: 9

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Smith Vail

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 20, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	33	11	12	

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

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

PARENTS

10. NAME OF FATHER: Wm. Smith

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

12. MAIDEN NAME OF MOTHER: Laura Godfry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Marion Co. Mo.

14. INFORMANT: Grover Vail
(Address): Palmyra, Mo.

15. FILED 2/4 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Feb 2, 1929, that I last saw her alive on Feb 2, 1929, and that death occurred, on the date stated above, at 8:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
..... (duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza, Meningitis
..... (duration) ..... yrs. ..... mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. E. Hartwell, M. D
2-3, 1929 (Address) Palmyra

*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: Greenwood Cemetery — DATE OF BURIAL: 2/4/ 1929

20. UNDERTAKER: Lewis Bee — ADDRESS: Palmyra, Mo.

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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