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OCT 24 1929

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

Do not use this space.

31230

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 76
Township Lexington — Primary Registration District No. 5625 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Gover
(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. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John C. Gover

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) North Carolina

PARENTS
10. NAME OF FATHER John Hoover
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Mary Tyesinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs Chas Odell
(Address) Lexington Mo

15. Sept 7, 1929 J D Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~Nov~~ Sept 6, 1929 to Sept 6 1929 that I last saw her alive on Sept 6 1929 and that death occurred, on the date stated above, at 7:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arterio-Sclerosis ~~[illegible]~~

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 986

(duration) ..... yrs. ..... mos. ..... 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? None

(Signed) Jos B Willis, M. D
Sept 7, 1929 (Address) Mayview, 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 Lexington Mo
DATE OF BURIAL Sept 8 1929

20. UNDERTAKER Ernest Fegert
ADDRESS Lexington 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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