

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

Do not use this space.

23421

**1. PLACE OF DEATH**

County Lawrence

Registration District No. 468

Township Marionville

Primary Registration District No. 4281

City Marionville

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

Registered No. 18

St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mrs Mary E Childers

(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)

Widowed

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

Hrb. Childers

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

June 21 1861

7. AGE

YEARS 69

MONTHS \_\_\_\_\_

DAYS 12

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired at

(b) General nature of industry, business, or establishment in which employed (or employer)

Old Peoples Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Clinton Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Deat Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Deat Know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Deat Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Deat Know

(STATE OR COUNTRY)

14. INFORMANT

B. W. Britton

(Address) Marionville

15. FILED

J. 6, 1930 R. Andrews

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930

17. I HEREBY CERTIFY, That I attended deceased from July 20th 1930 to July 30th 1930 that I last saw her alive on July 30th and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular Insufficiency  
92A

CONTRIBUTORY (SECONDARY)

900

(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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) M. M. Keatnes, M. D.

, 19 \_\_\_\_\_ (Address) Marionville 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

Clinton Mo

DATE OF BURIAL

July 4 1930

20. UNDERTAKER

W. J. Andrews Funeral Home

ADDRESS

Marionville

Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OPINION AS TO CAUSE OF DEATH in plain terms, so that it may be properly classified.

AUG 20 1930

