

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.

DEC 22 1930

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

Do not use this space.

35717

1. PLACE OF DEATH
County Dade Registration District No. 238
Township Cedar Primary Registration District No. 3326
City Near Sylvania, Mo. St. _____ Ward _____

2. FULL NAME Mary Elizabeth Divine
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 5, 1856

7. AGE 74 YEARS MONTHS 3 DAYS 7
IF LESS than 1 day, _____ hrs. or _____ min.

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)
(c) Name of employer

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

10. NAME OF FATHER R.E. Orrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co. Tenn.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT L.W. Divine
(Address)

15. FILED 12-10-1930 J.A. Whree
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 10th 1930, to Nov 10th 1930 that I last saw h. e. alive on Nov 10th 1930 and that death occurred, on the date stated above, at 5 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage

82A 74 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Clarence E. Nuccio, M.D.

Nov 15 1930 (Address) Ruma, 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 DATE OF BURIAL

Bethelham 11-13 1930

20. UNDERTAKER E. Ray Caldwell ADDRESS Lockwood, Mo

