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

Do not use this space.

29235

1. PLACE OF DEATH
County St. Francois Registration District No. 775
Township Bonne Terre Hospital Primary Registration District No. 6020
City Bonne Terre (No. ..... St. ..... Ward)

File No. .....
Registered No. 66

2. FULL NAME Mrs Mary Jane Page
(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7th 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 1942 108
(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) Kentucky

PARENTS
10. NAME OF FATHER John E. Huggins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Mahalia Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT John Page
(Address) Elvins, Mo.

15. FILED 8/6, 1931 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4/31. 19

17. I HEREBY CERTIFY, That I attended deceased from 8/1/31, 19..., to 8/4/31, 19..., that I last saw her alive on 8/4/31, 19..., and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Transverse fracture of right femur upper third
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Right lobar pneumonia
(duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Elvins Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? X-ray & physical findings
(Signed) David E. Smith, M. D
8/5/31, 19 (Address) Bonne Terre 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 Fredericktown, Mo
DATE OF BURIAL 8-6 1931

20. UNDERTAKER Caldwell Bros
ADDRESS Flat River