

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 577 File No. 13558
 Township _____ Primary Registration District No. 3029 Registered No. 123
 City Hannibal (No. 1005, Paris) St. _____ Ward _____

2. FULL NAME Maggie May Percy

(a) Residence, No. 1005 Paris 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 Charles Percy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

13. NAME John A. Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Missouri

15. MAIDEN NAME Maryest McKey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Kentucky

17. INFORMANT (NAME) (ADDRESS) Mr. Chas. Percy (Husband) 1005 Paris Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Olive DATE April 16, 1934

19. UNDERTAKER (NAME) (ADDRESS) Wm. Smith 902 Broadway, Hannibal, Mo.

20. FILED Apr. 19, 1934 R. H. Schister Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13 1934, to April 14 1934
 I last saw her alive on April 14 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were, as follows:

Uremic Poisoning (Date of onset) Not known
130
1315

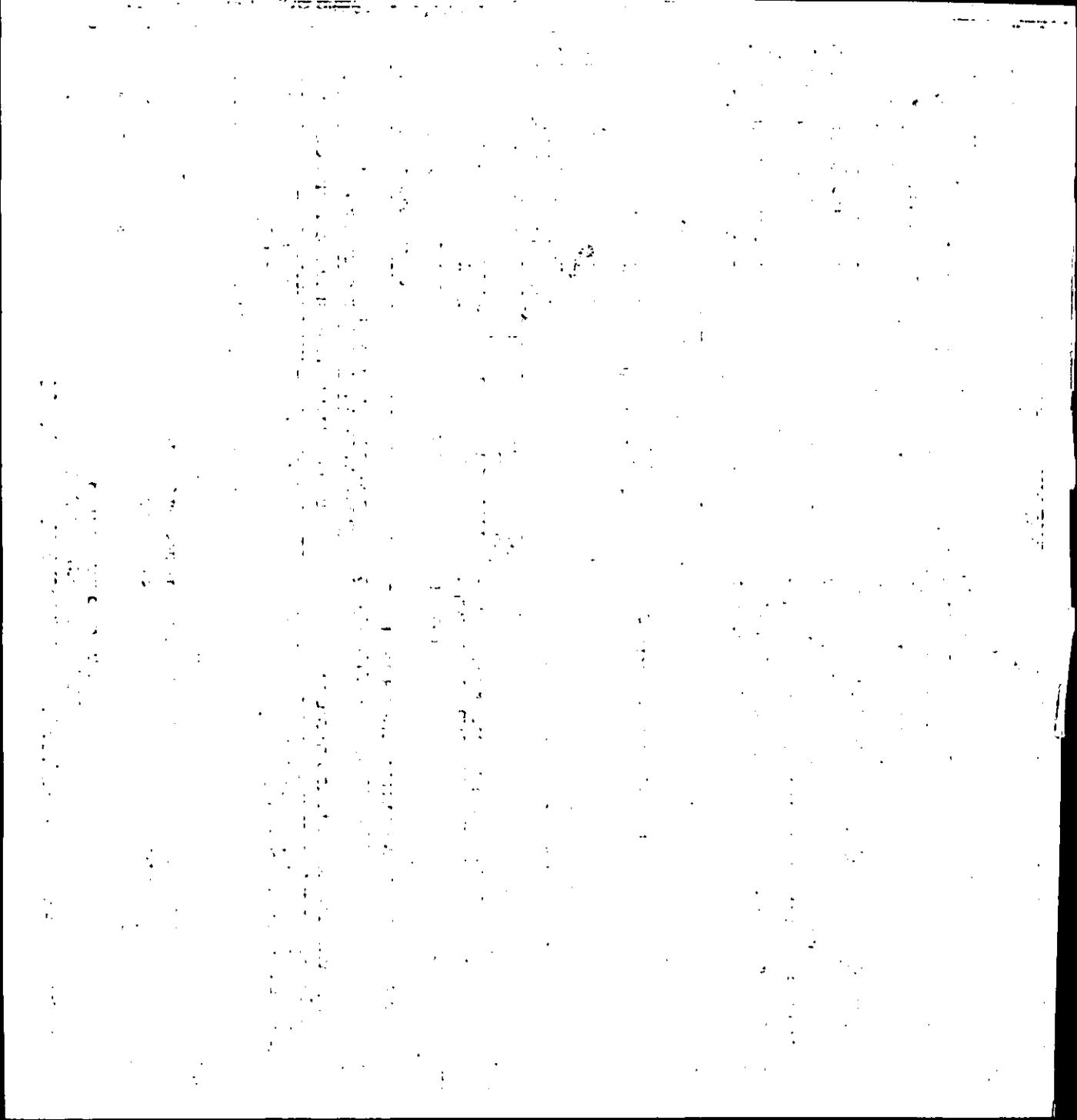
Other contributory causes of importance: Interstitial Nephritis

23. Name of operation None Date of _____
What test confirmed diagnosis? _____ **Was there an autopsy?** No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ **Date of injury** _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. B. Shuster, M. D.
 (Address) 200 Broadway



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 547
 Township Annibal Primary Registration District No. 3029
 City Annibal (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 3 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____
E. M. Lueley
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Unconjugated bilirubin Date of onset _____
130

Other contributory causes of importance:
interstitial nephritis
acute unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

S-13558