

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

Do not use this space.

JUN 23 1936

19833

1. PLACE OF DEATH

County Jasper Registration District No. 417 File No. _____
 Township _____ Primary Registration District No. 3021 Registered No. 61
 City Health City (No. 1, Franklin) St. _____ Ward _____

2. FULL NAME

Mrs. Mary Melusina Page
 (a) Residence, No. James P. H. Hospital, St. Ward Centerville
 (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 Ikey Page
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1870
 7. AGE YEARS 66 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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. at home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Missouri
 13. NAME John Howard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Ikey Page Centerville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville Cem DATE 5/27 1936
 19. UNDERTAKER (ADDRESS) W. H. C. Undertaking Co Health City Mo
 20. FILED 5-27 1936 J. L. Corcoran Registrar.

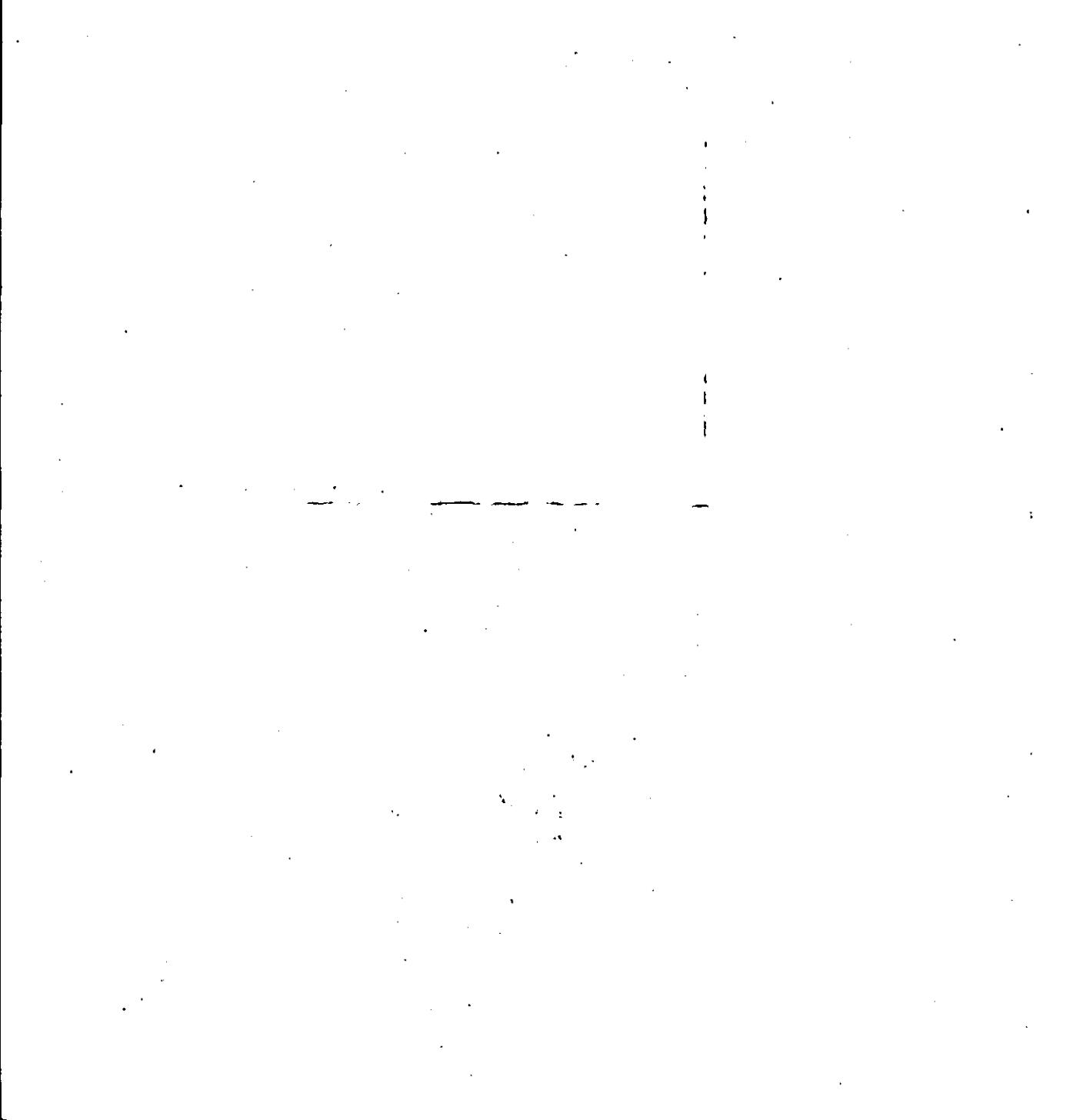
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1936
 22. I HEREBY CERTIFY, that I attended deceased May 20 1936 to May 26 1936.
 I last saw him alive on May 16 1936. Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis. Date of onset _____

Other contributory causes of importance:
pleurisy, pneumonia, emphysema, heart disease

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) W. H. C. [Signature] M. D.
 (Address) Health City, Mo



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Jasper
Township Webb City
City Webb City (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 61
Ward _____

2. FULL NAME Miss Mary Melvina Page

(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.
66 4 17

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)

FATHER 13. NAME

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

MOTHER 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 8-7 1936 J. L. Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The proximal cause of death and related causes of importance were as follows:

spine
accidental trauma?
face chest and abdom-
en

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? acc. Date of injury 5-26, 1936

Where did injury occur? Cottleville, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Clothing caught fire from stove at home

Manner of injury stove at home

Nature of injury home was not destroyed

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. P. Richert, M. D.

(Address) Webb City Mo

S-19833