WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 20 1933

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

Do not use this space.

28983

16

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125 File No.
Township " " Primary Registration District No. 3009 Registered No. 234
City " " (No. 223 So Frederick St. Ward)

2. FULL NAME Mary J. Drury.

(a) Residence, No. 223 So Frederick 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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16 - 1855

7. AGE: YEARS 78 MONTHS 2 DAYS 14 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Bloomsdale Mo.

FATHER
13. NAME: Bartley Hipes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Mo.

MOTHER
15. MAIDEN NAME: Mary Benham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomsdale Mo

17. INFORMANT: Mrs L. J. Dannemuller
(ADDRESS): Kelso Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kelso Cem DATE Oct 1 1933

19. UNDERTAKER: Walther Und. Co.
(ADDRESS): Cape Girardeau Mo

20. FILED 9-30 1933 W A Kaempfer Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 30 1933.

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933, to Sept 30 1933

I last saw her alive on Sept 30 1933 Death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Endocarditis — First called Sept 10 1933

92B

97

Other contributory causes of importance:

Arterio Sclerosis — Some Years

Name of operation No Date of

What test confirmed diagnosis? Physical & Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury

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

If so, specify

(Signed) D. H. Hahs M. D.

(Address) Cape Girardeau Mo