

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township Cross Primary Registration District No. 5179
 City Jackson (No. County home) St. _____ Ward _____

File No. 19704
 Registered No. 25

2. FULL NAME

Mary Hitchcock

(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.

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 Wm S. Hitchcock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
82 1 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Cape Gir Co Mo.

13. NAME John Sutton

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

15. MAIDEN NAME Nancy Palick

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

17. INFORMANT (ADDRESS) Mrs Mary Blalock Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lona cemetery DATE June 7 1934

19. UNDERTAKER (ADDRESS) McCormick & Co. Jackson Mo

20. FILED 6-6 1934 D. S. Seebor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 6 1933, to June 6 1934
 I last saw her alive on June 5 1934 Death is said to have occurred on the date stated above, at 2 P m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance
Chronic Mucous
120 Bad teeth
97
Other Diseases
 Date of onset 1923
1934

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) D. S. Seebor _____, M. D.
 (Address) Jackson Mo

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.

15
 1934

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