

7 1928

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

Do not use this space.

22741

1. PLACE OF DEATH
County Shannon Registration District No. 824
Township Emmace Primary Registration District No. 6076
City (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Mary Stovius
(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. E. Stovius.

I HEREBY CERTIFY, That I attended deceased from June 15 1928 to June 29 1928 that I last saw him alive on June 29 1928, and that death occurred, on the date stated above, at 4 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1890

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 4 20

97A (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work W
(b) General nature of industry, business, or establishment in which employed (or employer) ..
(c) Name of employer ..

CONTRIBUTORY (SECONDARY) 97A
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Shannon Co.
(STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH,

10. NAME OF FATHER John T. Bay

8 DID AN OPERATION PRECEDE DEATH, .. DATE OF ..
WAS THERE AN AUTOPSY,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..
(STATE OR COUNTRY) Mo.

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Frank Heyde, M. D.

12. MAIDEN NAME OF MOTHER Adeline Ballou

6-29, 1928 (Address) Emmace Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..
(STATE OR COUNTRY) 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.

14. INFORMANT M. Stovius
(Address) Emmace Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chilton Cemetery DATE OF BURIAL 6-30-28

15. FILED 6-29 1928 Frank Heyde REGISTRAR

20. UNDERTAKER Emmace ADDRESS Mountaine Union 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.

