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

Do not use this space.
28204

1. PLACE OF DEATH
County: Knox
Township: Liberty
City .... (No. .... St. .... Ward)
Registration District No. 447
Primary Registration District No. 6243
File No. ....
Registered No. 13

2. FULL NAME: Mrs Mary Etta St John
(a) Residence. No. Ruttledge, Mo. St., ——— Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 63 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: Frank St John

6. DATE OF BIRTH (month, day and year): April 16th 1866

7. AGE: Years 63, Months 3, Days 17. If LESS than 1 day, ... hrs. or .... min.

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

131
11
194

9. BIRTHPLACE (city or town): Knox County
(State or country): Mo.

PARENTS

10. NAME OF FATHER: Willis Funk
11. BIRTHPLACE OF FATHER (city or town): R. C.
(State or country): Indiana
12. MAIDEN NAME OF MOTHER: Moholey Parcell
13. BIRTHPLACE OF MOTHER (city or town)
(State or country): Indiana

14. INFORMANT: Aaron T. Funk
(Address): Rutledge, Mo

15. FILED 8/6, 1929 Geo Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (month, day and year): August 3rd 1929

17. I HEREBY CERTIFY, That I attended deceased from May 5th, 1929, to ...., 19.., that I last saw her alive on July 25th, 1929, and that death occurred, on the date stated above, at 1-30 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Parenchymatous Nephritis
General anasarca.
Coma. &c &c
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Post Flu effects, Accidents.
Six months (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Knox Co. Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF ———
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary and Microscopical
(Signed) Horace H. St John, M.D.
, 19 (Address) Edina, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Colony Cemetery
DATE OF BURIAL: Aug 4th 1929

20. UNDERTAKER: Mrs Wm Seeger & Son
ADDRESS: Knox City, Mo

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

LETE AS PRESCRIBED BY LAW ... ALL NOT RECEIVE ... FOR CERTIFICATES UNTIL THEY A

SUPPLEMENTARY

1. PLACE OF DEATH
County Knox Registration District No. 441 File No.
Township Liberty Primary Registration District No. 6243 Registered No. 13
City (No. St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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.

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 8/5 1929 Geo S Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1929

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis — Hurt herself getting out of a buggy
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Post Effects of accidents hurt getting out of a buggy traveled [illegible]
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) BJC, M. D
, 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

5-28204