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

Do not use this space.

805

1. PLACE OF DEATH
County: Cooper — Registration District No.: 224 — File No.:
Township: North Moniteau — Primary Registration District No.: 5369 — Registered No.: 3
City: (No. ..... St. ..... Ward)

2. FULL NAME: Mary Ann Earnst
(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(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: Casper Earnst

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 10th 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
79	8	1	

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

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

PARENTS
10. NAME OF FATHER: Archibal Friday
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: E. G. Benz
(Address): Prairie Home Mo.

15. FILED: 1-14 1929 A. L. Meredith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1929, to Jan 15th 1929, that I last saw her alive on 1-18 1929, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. mos. ds. unknown

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Frederick Aufderhade, M. D.
(Address) Prairie Home 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: Moniteau Ev. Cem.
DATE OF BURIAL: 1-15 1929

20. UNDERTAKER: C. Albert Hornbeck
ADDRESS: Prairie Home 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.

WHITE PEARLY, WITH CHANGING INK—THIS IS A PERMANENT RECORD

B 2 1 1929
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