

MAR 27 1930

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

5477  
Do not use this space.  
5477

1. PLACE OF DEATH

County Johnson, Registration District No. 431  
Township Warrensburg, Primary Registration District No. 3023  
City Warrensburg, (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Wenrich

(a) Residence No. 200 Tyler, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 6 yrs. mos. ds. 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)  
Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 8. 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
John G. Wenrich

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1930 to Feb 8, 1930  
that I last saw h. alive on Feb 8, 1930, and that death occurred, on the date stated above, at 1930 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1848

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
81 1 17

Mrs. Wenrich was dead when I arrived at 10:45. I never saw her wife. From what I could learn (duration) yrs. mos. ds. she had some heart lesion (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) she had some heart lesion (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Ephriam Mohler

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

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

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) L. J. Schiefel, M. D.

12. MAIDEN NAME OF MOTHER Anna Mill

Nov 19 20 (Address) Warrensburg, Mo

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

\*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 Dave Wenrich,  
(Address) Warrensburg, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Mineral Creek Cem 2-10 1930

15. FILED 2/10 1930 Wm. O. Patterson  
REGISTRAR

20. UNDERTAKER ADDRESS  
S. R. Sweeney, Warrensburg

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12  
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CAUSE OF DEATH IN plain terms, so that it may be properly understood

