WRITE PLAINLY, WITH UNFAIRING INK—THIS IS A PERMANENT RECORD

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.

NOV 29 193

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

Do not use this space.

31386

1. PLACE OF DEATH

7 County BATES — Registration District No. 23 — File No.

6 Township O-S-A-G-E — Primary Registration District No. 3005 — Registered No. 35

6 City RICH HILL MO (No. ..... , ... St. ..... Ward)

2. FULL NAME MARY J. DROZ

(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)~~: MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1877

7. AGE: YEARS 55 — MONTHS 8 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 9
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) Iowa 2

FATHER

13. NAME C. W. Biley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 21

MOTHER

15. MAIDEN NAME Iowa Conlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

17. INFORMANT (ADDRESS) Mrs Ed Kenney Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREEN LAWN DATE 10 - 5-32

19. UNDERTAKER (ADDRESS) H. E. BOUGHAN RICH HILL MO

20. FILED Oct 4 32 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932 to Oct 3, 1932
I last saw her alive on Oct 3, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pronary disease — Date of onset

94 B

Other contributory causes of importance:

Hypertension

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) [signature], M. D.
(Address) Rich Hill Mo