

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.

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

Do not use this space.

AUG 16 1935

22847

1. PLACE OF DEATH
County Platte Henry Registration District No. 355
Township Waller Primary Registration District No. 5498
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Mary A Wenzel
(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.

File No. _____
Registered No. 7
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 19 - 1868</u>		
7. AGE <u>67</u>	YEARS <u>6</u>	MONTHS <u>8</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Montrose Mo</u> (STATE OR COUNTRY) <u>Henry Co</u>		
PARENTS	10. NAME OF FATHER <u>John King</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Iberia</u> (STATE OR COUNTRY) <u>Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>May Burgess</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Miller Co</u> (STATE OR COUNTRY) _____	
14. INFORMANT <u>John Wenzel</u> (Address) <u>Montrose Mo</u>		
15. FILED <u>July 28 1935</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1935

17. I HEREBY CERTIFY, That I attended deceased from July 19 1935 to July 28 1935, that I last saw her alive on July 28 1935, and that death occurred, on the date stated above, at one P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage causing Paralysis of left side

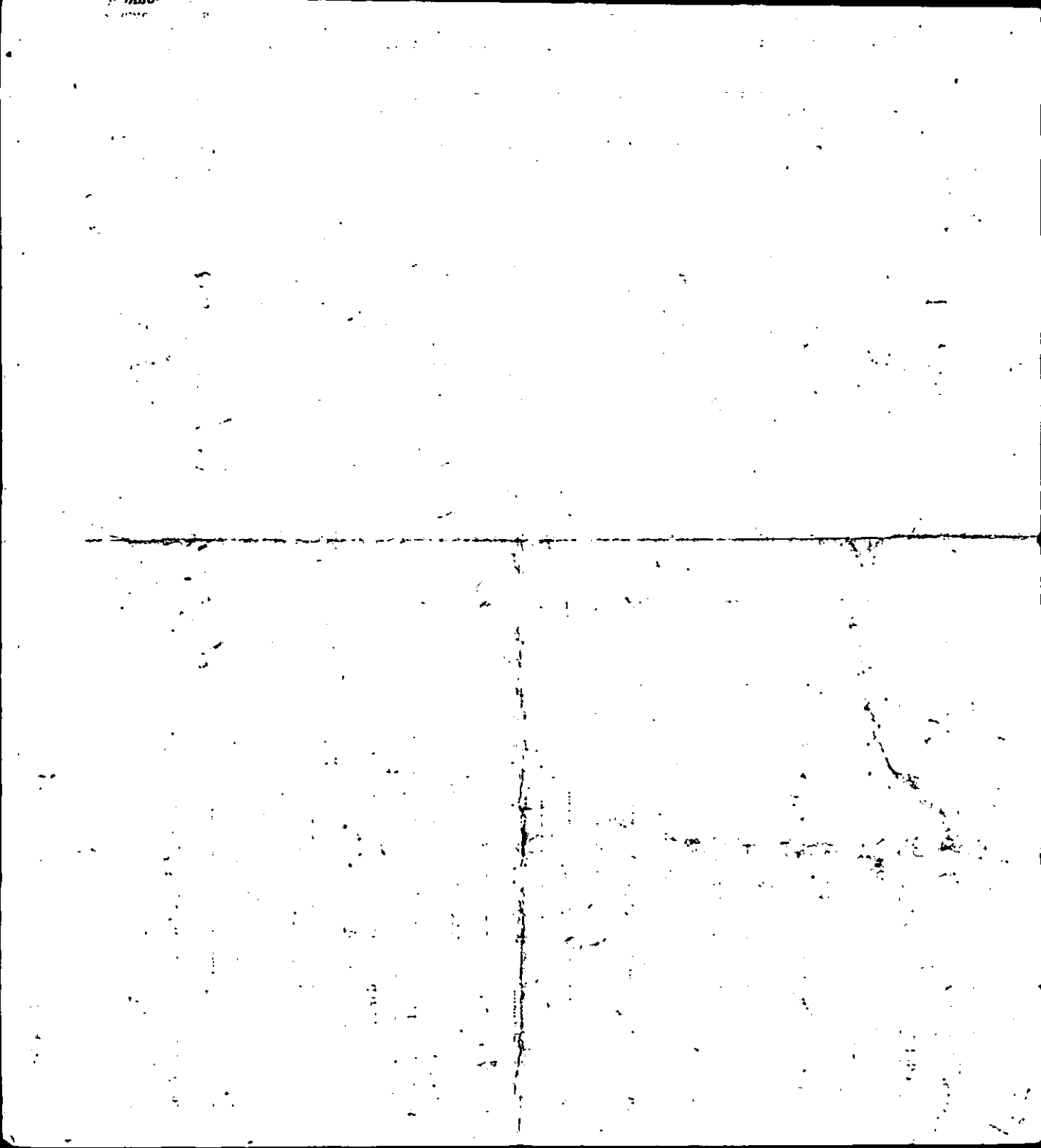
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTACTED? Home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. H. Gallwey, M. D.
, 19 (Address) Urich 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 <u>White Oak</u>	DATE OF BURIAL <u>7/29 1935</u>
20. UNDERTAKER <u>F Reunty</u>	ADDRESS <u>Montrose Mo</u>



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1. PLACE OF DEATH

County Henry

Registration District No. 355

Township

Primary Registration District No. 5498

City

(No.)

File No.

Registered No. 7

St. Ward

2. FULL NAME

(a) Residence, No. Mrs Mary A Dunlap 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from

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

....., 19....., to....., 19.....

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

I last saw him alive on....., 19..... Death is said

7. AGE

YEARS 67

MONTHS 6

DAYS 8

If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 8-9 1935 W E Baggart Registrar

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)....., M. D.

(Address).....

SUPERINTENDENT

Exact statement of OCCUPATION is very important.

SEP 8 1933

5-22847