CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH
County Henry
Township Lowry
City Stanberry MO (No. ..... , ... St. ..... Ward)

Registration District No. 314
Primary Registration District No. 4190

File No. 14598
Registered No. 10

2. FULL NAME Mrs Flora Wrend 65
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Frank B. Wrend
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 19 48 74
7. AGE YEARS 64 MONTHS 1 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Alexander Haas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Minnie Meyers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 45 a NCC

17. INFORMANT (ADDRESS) Dr J. N. Wrend Mount Vernon MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry MO DATE 4/30 1938

19. UNDERTAKER (ADDRESS) Laton A. Phillips Stanberry MO

20. FILED 4/29 1938 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1938, to April 28, 1938
I last saw her alive on April 28-38, 1938. 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:

Date of onset

Cerebral Haemorrhage

Other contributory causes of importance:
Arteria-Sclerosis

Name of operation none 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) E. E. Simpson, M. D.
(Address) Stanberry Mo