

REGD JUN 30 1938

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

Do not use this space.

18887

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Henry Prairie Primary Registration District No. 5762
City Oshtemo No. _____ St. _____ Ward _____

File No. _____
Registered No. 53

2. FULL NAME

Mary Catherine Wendel 534
(s) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 10:30 P.M.

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 20 1938 to May 17 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1879

I last saw her alive on May 15 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

7. AGE YEARS 59 MONTHS 1 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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. at home

Hypertension Date of onset Not known

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

59

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

Other contributory causes of importance Diabetes

11. Total time (years) spent in this occupation

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

13. NAME Robert Porter

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

15. MAIDEN NAME Catherine Sears

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

17. INFORMANT E. W. Wendell (ADDRESS) Oshtemo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hudon, Illinois DATE May 20 1938

19. UNDERTAKER Frank Jay Funeral Service (ADDRESS) Oshtemo Mo.

20. FILED 5-18-1938 J. S. Vernon Registrar

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) C. C. Prosser M. D.
(Address) Charleston Mo

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

