

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

Do not use this space.

840

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 398
 City Admoca (No. 1517 Poplar 5054) St. _____ Ward _____

2. FULL NAME Mary E. Remely

(a) Residence. No. 1517 Poplar Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 10 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Daniel Remely

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

12. MAIDEN NAME OF MOTHER Sarah Garnett

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

14. INFORMANT M. E. Remely
 (Address) 1517 Poplar (Maplewood)

15. FILED 123, 1925 S. S. Cook REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 - 1925

17. I HEREBY CERTIFY that I attended deceased from Jan 15, 1925 to Jan 15, 1925
 and that I last saw her alive on Jan 15, 1925, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
320
97
 (duration) _____ yrs. mos. ds. unknown
 CONTRIBUTOR (SECONDARY) Mitral Insufficiency & Arterio-sclerosis
Sclerosis
 (duration) _____ yrs. mos. ds. unknown

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? High blood pressure
Opn. Spec.
 (Signed) _____, M. D.
116, 1925 (Address) Englewood 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt Moriah DATE OF BURIAL 1/17/25

20. UNDERTAKER The Freeman Mortuary ADDRESS 3146 Main

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.

