JUN 29 1927

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

Do not use this space.

19156

1. PLACE OF DEATH
County: Pettis
Township: Jeresdun
City: (No. ..... St. ..... Ward)

Registration District No. 672
Primary Registration District No. 5895

File No.
Registered No. 7

2. FULL NAME: Hannah Painter

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-19-1841

7. AGE: 85 YEARS | MONTHS: 7 | DAYS: 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ohiors
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Geo Evers
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Rebecca Painter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia

14. INFORMANT: Elmer Painter
(Address): Jeresdun Mo

15. FILED 6-5, 1927 J T Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1927, to June 1, 1927 that I last saw her alive on June 1, 1927, and that death occurred, on the date stated above, at 1.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

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

CONTRIBUTORY (SECONDARY): Uremia

(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) W. E. Walker, M. D
, 19 (Address) La Monte 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: Jeresdun Mo
DATE OF BURIAL: June 3 1927

20. UNDERTAKER: B S Parker
ADDRESS: La Monte Mo

Every item of information should be carefully supplied. A[illegible]ld be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly cla[illegible]. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Pettis — Registration District No.: 672 — File No.:
Township: Dresden — Primary Registration District No.: 5-899 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Hannah Painter
(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): Wd.

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED Sept. 1927 G. Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1927

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw h alive on 19, and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
Retention of urine
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uremia Coma
Retention Urine (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H E Walker, M. D.
, 19 (Address) La Monte 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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

1330

N. B. — ... of information ... be carefully ... PLACE above ... EXACTLY. PHYSICIANS ... state CAUSE OF DEATH in plain terms, so that it may be ... understood ... Department of OCCUPATION is very important.

REGISTRARS ... WILL NOT RECEIVE A FEE FOR CERTIFICATES NOT COMPLETE AS PRESCRIBED BY LAW

WRITE PLAINLY

5-19:56