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

Do not use this space.

5511

1. PLACE OF DEATH
County: Lewis — Registration District No.: 477 — File No.:
Township: — Primary Registration District No.: 4286 — Registered No.: 5
City: Canton (No. ..... St. ..... Ward)

2. FULL NAME: Mary Lane Kintzing

(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.

MAR 19 1928

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.

THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 6 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	5	—	

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

9. BIRTHPLACE (CITY OR TOWN): Lewis Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Washington Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Ann Daughtry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Ned Lane
(Address): Canton Mo

15. FILED Feb 7, 1928 H. W. Harris, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): February 6 1928

17. I HEREBY CERTIFY, That I attended deceased from January 23, 1928, to February 6, 1928, that I last saw h. alive on February 6, 1928, and that death occurred, on the date stated above, at 10.30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral thrombosis
8 d B.
AORT Hy HD
(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY): Endarteritis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) C. N. Wagoner, M. D
2-6, 1928 (Address) Canton, 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
Canton Mo	Feb 8 1928
20. UNDERTAKER	**ADDRESS**
W. D. Kelly	Canton Mo