

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

Do not use this space.

1614

1. PLACE OF DEATH

County Jackson
Township New
City R. E. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. 4309 Woodland)

File No. 205
Registered No. 205
St. 15 Ward 15

2. FULL NAME

(a) Residence. No. 4309 Woodland St. 15 Ward 15
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 8 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>71</u>	<u>10</u>	<u>6</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(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) England

10. NAME OF FATHER

John - Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Mr. J. H. Self
(Address) 7535 Reim

15.

FILED 1-15-29 on on cover
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 7, 1929, to Jan 14, 1929
that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
107A / 100A
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH? no DATE OF -

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Unusual

(Signed) Charles Sandy, M. D.

1-15-29 (Address) 531 Argyle Bldg

*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

Forest Hill Cem Jan. 16 1929

20. UNDERTAKER

ADDRESS

A. P. Dochler 1415 E 15

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.

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