APR 26 1929

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

Do not use this space.

7415

1. PLACE OF DEATH
County Nodaway — Registration District No. 618
Township — Primary Registration District No. 4369
City Burlington Junction (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Tenora Kay Ware
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3 - 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
22	3	29	

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) Nodaway Co Mo

PARENTS

10. NAME OF FATHER James C Ware
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nod. Co Mo
12. MAIDEN NAME OF MOTHER Carrie Kay Crain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nodaway Co Mo

14. INFORMANT James C Ware
(Address) Burlington Junc Mo

15. FILED Mar 18 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1929, to Feb. 2, 1929, that I last saw her alive on Feb. 2, 1929, and that death occurred, on the date stated above, at 3 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
[illegible] (duration) 2½ yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute endocarditis
..... (duration) ..... yrs. ..... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. M. Kindman, M. D
Feb 4, 1929 (Address) Burlington Jct., 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: Burlington Junction Mo
DATE OF BURIAL: Feb 4 1929

20. UNDERTAKER: Price Fun Co
ADDRESS: Maryville Mo

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.

262