

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

Do not use this space.

10027

1. PLACE OF DEATH

County Cole Registration District No. 213
Township..... Primary Registration District No. 3014
City Jefferson (No....., St. Ward)

File No.....
Registered No. 89
St. Ward)

2. FULL NAME George W. Wren

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> <u>Caroline Wren</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Wren</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan-13-1852</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>2</u>	<u>16</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Wm. Wren

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 Mrs. J.W. Payne
(Address) Jefferson City, Missouri

15. FILED 4.8.29 S. W. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to March 29, 1929, that I last saw him alive on 3-29, 1929, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93D
132A Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Parenchymatous hepatitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1013

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. C. Aldridge, M. D.
3/30.19 (Address) St. J.

*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 Steedman, Missouri DATE OF BURIAL 4/1/29 19

20. UNDERTAKER Wymore-Gordon ADDRESS J. C. Ho

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.

26
27
28
29
30
31
32

10027

