WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

13281

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. St. Anthony's Hospital, St. ..... Ward)

File No. .....

Registered No. 3846

2. FULL NAME Mary Etta Clendening,

(a) Residence. No. 4340 Swan av. St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887-1-20

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	42	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Houseiwfe,

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm. Wade,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Amanda Sub;ette

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

14. INFORMANT Wm. Clendening
(Address) 4340 Swan av.

15. FILED 30 1929 Max C Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28th, 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1928 to March 28th, 1929 that I last saw her alive on March 28, 1929, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uterine Fibroid & Non Malignant

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Strangulated Bowel 12 hours from a previous Operation for Pyosalpinx Gonococcus

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4340 Swan Av.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/21/29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ephysical, Clinical & laboratory findings

(Signed) A. L. Hertel, M. D.

3/29/, 1929 (Address) 3806 S, Grand av.

*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
Lake Charles	3/30/29

20. UNDERTAKER	ADDRESS
Robert Glenbush	429 N. Euclid