

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

Do not use this space.

34765

1. PLACE OF DEATH

County Ralls Co
Township Imper
City Wendell (No.)

Registration District No. 912
Primary Registration District No. 5960 B

File No.
Registered No. 41
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) Ralls Co Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ralls Co Mo

12. MARRIAGE NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ralls Co Mo

14.

INFORMANT Mrs Mary M. Mendenhall
(Address) Wendell

15.

FILED 10/11, 1929 Mallie Fugua
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1929, to Oct 10, 1929
that I last saw her alive on Oct 26/29, 1929, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Premature Birth
159 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 161A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician

(Signed) John H. Brown, M. D.

, 19 (Address) Wendell

*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

Wendell 10-11-1929

20. UNDERTAKER

ADDRESS

W B Clark Wendell

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

NOV 26 1929

8. 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.

