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

Do not use this space. 36399

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 1320
Township — Primary Registration District No. 1001 — Registered No.
City St. Joseph (No. 202 Ohio St. St. Ward)

2. FULL NAME Mary Frances Wristen
(a) Residence. No. 202 Ohio St. 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Plymouth
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER A. B. Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Summer Co.
(STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. L. E. Johnson
(Address) 202 Ohio St.

15. FILED NOV 18 1929 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed on 11-15, 1929, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ? m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
92A
97
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. mos. ds.

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? Clinical
(Signed) F. W. Tedlock Coroner, M. D.
11/17 1929 (Address) St Joseph 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: Creston Iowa — DATE OF BURIAL: Nov. 17, 1929

20. UNDERTAKER: Fred D. Clark — ADDRESS: 5025 King Hill

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.