

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.

MAY 28 1930

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

15186

## 1. PLACE OF DEATH

County Monroe  
 Township Smith  
 City Grant City (No. \_\_\_\_\_)

Registration District No. 903  
 Primary Registration District No. 641

File No. \_\_\_\_\_  
 Registered No. 7  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mary Kinkel Motzinger  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX #7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

R. M. Motzinger

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

April 8, 1836

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.

94

0

8

## 8. OCCUPATION OF DECEASED

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

Lined with son

(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)

Unknown

## 10. NAME OF FATHER

John S. Cowan

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

## 12. MAIDEN NAME OF MOTHER

Kentucky

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

## 14.

INFORMANT

(Address)

John P. Motzinger

Grant City, Mo.

## 15.

FILED

S. 10 30 John A. Stevens

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

April 16 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar  
17, 1930 to Apr 16, 1930  
 that I last saw her alive on Apr 14, 1930, and that  
 death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis and  
Chronic Nephritis

186A

194P

151

CONTRIBUTORY

(SECONDARY)

Major attack

(duration) \_\_\_\_\_ 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) J. P. Phillips, M. D.

45-161930 (Address) Grant City 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

DATE OF BURIAL

Wetchell Cem.

4-17-1930

## 20. UNDERTAKER

ADDRESS

Arch C. Dunfee

Grant City

Mo.

