

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.

DEC 22 1930

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

Do not use this space.

39265

1. PLACE OF DEATH

County Linn
Township Quail
City Linton

Registration District No. 391
Primary Registration District No. 5546a

File No. _____
Registered No. 63
St. _____ Ward _____

2. FULL NAME Mary Catherine Wren

(a) Residence. No. Baptist Home Linton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 6 ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. H. Wren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 - 1895

7. AGE	YEARS <u>35</u>	MONTHS <u>4</u>	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work operator of Baptist Home
(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) Linn Co., Mo.

PARENTS

10. NAME OF FATHER James J. Hines

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Ruth Polte

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Wilbur Riffe
(Address) Linton Mo.

15. FILED 12/5/30 R. A. Parche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1930, to Dec 4, 1930 that I last saw her alive on Nov 27, 1930, and that death occurred, on the date stated above, at 11 o'clock a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
1930 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Advanced Age
(SECONDARY) (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
(Signed) Edward G. Bamhones M. D.
12/5/30 (Address) Linton 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 Baptist Home Cemetery DATE OF BURIAL 12/5/30

20. UNDERTAKER H. G. Bond ADDRESS Linton Mo.

