

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

Do not use this space.

40118

1. PLACE OF DEATH

County Merion Registration District No. 559
 Township Medicine Primary Registration District No. 5753
 City R. F. Watkins (No.) St. Ward)

2. FULL NAME

Mary A. Whan
 (a) Residence No. 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
67 1 9

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

9. BIRTHPLACE (CITY OR TOWN) Osgood
 (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER George Kent
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) Penn
 12. MAIDEN NAME OF MOTHER Mary Jackson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Mary Hammond
 (Address) Princeton, Mo

15. FILED Jan 1, 1931, C. L. McClanahan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1930
 17.

I HEREBY CERTIFY, That I attended deceased from
, 19....., 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:
Apoplexy
Found dead between head and
base (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MM
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Oren Calaway Coroner
Dec. 24, 1930 (Address) Princeton, Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state
 (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
None

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Berry DATE OF BURIAL 12-25-30

20. UNDERTAKER H. J. Martin ADDRESS Princeton

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 if very important.

JAN 20 1931

