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

Do not use this space.
28816

1. PLACE OF DEATH
26 County: Cole
3 Township: Jefferson
8 City: Jef City (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3214

File No. 324
Registered No. .....

2. FULL NAME: Mary Jane Prenger

(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.

OCT 25 1932

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.

WHOLE PAGE MUST BE STRUCK WHEN THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

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

7. AGE: Years | Months | Days | If LESS than 1 day, 28 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): Cole Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Oscar Prenger
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cole Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Frieda Jansen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Saxony Ger
(STATE OR COUNTRY): Ind

14. INFORMANT: Oscar Prenger
(Address): R. H. 3. J. C. Missouri

15. FILED 9/21, 1932 — Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 9/17 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1932, to Sept 17, 1932 that I last saw he alive on Sept 2, 1932, and that death occurred, on the date stated above, at 3:30 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Heart failure (cause unknown)

200 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 200 A (duration) yrs. mos. ds.

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

O DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) L. A. T. Finney, M. D.
9/17, 1932 (Address) Jefferson 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: Wardsville Mo — DATE OF BURIAL: 9/18 1932

20. UNDERTAKER: Henrichs Fun. Co — ADDRESS: J. C. Mo