WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34820

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1085
City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Mary Elizabeth Lent,
(a) Residence, No. Industrial City, Mo. 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. 24 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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Lent,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6th. 1859
7. AGE: YEARS 73 — MONTHS 3 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Co., Kansas, 2

FATHER
13. NAME Aaron Cunningham,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

17. INFORMANT (ADDRESS) W. H. Hoecker Industrial City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem. DATE Nov. 14th 1932
19. UNDERTAKER (ADDRESS) Keaton-Be Gale & Brennan 819 S. 10th. St. Funeral Home
20. FILED NOV 14 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11th, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to Nov. 11, 1932
I last saw her alive on Nov. 11, 1932 Death is said to have occurred on the date stated above, at 11:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular nephritis	1928
131	
97	
132	
131	
Other contributory causes of importance:	
uremia	11/6/32
arterio sclerosis	

Name of operation None Date of
What test confirmed diagnosis? Path Test Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. G. Humphrey, M. D.
(Address) 825 Charles St Joseph, Mo.