

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.

JAN 5 1933

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

Do not use this space.  
38076

1. PLACE OF DEATH  
 104 County Franklin Registration District No. 846  
 Township Grant Primary Registration District No. 6105  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Jane Paents  
 (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 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
77 8 19

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 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 26 40

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whico Mo  
 13. NAME William Bronstetter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whico Mo  
 15. MAIDEN NAME Rhodie Woodson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whico Mo  
 17. INFORMANT Kean Paents  
 (ADDRESS) Grant Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bradfield DATE 11-25 1932  
 19. UNDERTAKER W. E. Nelson  
 (ADDRESS) Grant Mo  
 20. FILED 12-9- 1932 A. D. Shivers  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1912, to 11-24-, 1932  
 I last saw her alive on 11-20-, 1932 Death is said to have occurred on the date stated above, at 3:35 p.m.  
 The principal cause of death and related causes of importance were as follows:  
multiple neuritis  
 Date of onset 1-1-24  
 Other contributory causes of importance:  
①  
 Name of operation no op. Date of \_\_\_\_\_  
 What test confirmed diagnosis? blood Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) H. L. Terry, M. D.  
 (Address) Grant Mo.

