

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

Do not use this space.

108 ~~E~~

1. PLACE OF DEATH

5 County Barry Registration District No. 29
Township Great Creek Primary Registration District No. 5038
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

Mary Painter
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	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) <u>Jan 1 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co Mo</u>		
MOTHER	13. NAME <u>G. P. Painter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co Mo</u>	
	15. MAIDEN NAME <u>Loach</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Painter</u> <u>Cassville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Russell</u> DATE <u>1-27-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Sloan</u> <u>Cassville Mo</u>		
20. FILED <u>July 1 1933</u> <u>Mrs. H. R. Williams</u> <u>Dpt Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1933

22. I HEREBY CERTIFY that I attended deceased from arr. Cal. 9 AM. Dec. 26 1933
I last saw or alive on as above, 19____. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
107A
107A
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. E. McLaughlin, M.D.
(Address) Cassville, Mo.

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.

JUL 20 1933

