

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.

1933

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

Do not use this space.

**1. PLACE OF DEATH**

County Laura  
Township Wright City  
City Wright City (No. \_\_\_\_\_)

Registration District No. 882  
Primary Registration District No. 6174

File No. 4523  
Registered No. 1  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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.

Mrs. Bernice Synes (nee Pallien)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>the late J. S. Synes</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 21 - 1850</u>					
7. AGE	YEARS <u>82</u>	MONTHS <u>6</u>	DAYS <u>8</u>	LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own Home</u>				
	10. Date deceased last worked at this occupation (month and year) <u>8/1/1932</u>		11. Total time (years) spent in this occupation <u>63</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
MOTHER	13. NAME <u>Frederick Pallien</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
	15. MAIDEN NAME <u>Lora Rauscha</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
17. INFORMANT <u>Martha Synes</u> (ADDRESS) <u>Wright City Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City Cem.</u> DATE <u>Jan 7<sup>th</sup> 1933</u>					
19. UNDERTAKER (ADDRESS) <u>W. A. Clarenbach</u>					
20. FILED <u>1/6</u> 1933 <u>W. A. Clarenbach</u> Registrar.					

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5<sup>th</sup> 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 4<sup>th</sup> 1933 to Jan 5<sup>th</sup> 1933  
I last saw her alive on Jan 4<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 5:21 a.m.  
The principal cause of death and related causes of importance were as follows:  
Bronch. Pneumonia Date of onset 1/2/33  
Secondary to Influenza  
HA  
Other contributory causes of importance:  
HA

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_ (Signed) W. A. Clarenbach, M. D.  
(Address) Wright City Mo

FEB 25 1948