

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

Do not use this space.

32871

1. PLACE OF DEATH

44 County Colet
Township Liberty
City (No.) St. Ward)

Registration District No. 372
Primary Registration District No. 5519

File No.
Registered No. 752
St. Ward)

2. FULL NAME

Janie Wrench

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Wrench</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29-1868</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>7</u>
	DAYS <u>2</u>	If 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.	
	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) <u>State of Mass</u>		
MOTHER FATHER	13. NAME <u>Wm. Kishinish</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Mass</u>	
	15. MAIDEN NAME <u>Catharine Carlow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Mass</u>	
17. INFORMANT (ADDRESS) <u>Thomas Kishinish</u> <u>Mount City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Coberys</u> DATE <u>10-3</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Crawford</u>		
20. FILED <u>Oct 3 1933</u> <u>J. C. Tracy</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1933, to Sept 28, 1933
I last saw her alive on Sept 28, 1933 Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:
Asthma
Chronic Bronchitis
Date of onset
10/10/33
11/2

Other contributory causes of importance:
not T.B

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) R. R. Miller, M. D.
(Address) Mount City Mo

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.

NOV 10 1933

