JAN 26 1934

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

Do not use this space.

39242

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No.

5 Township — Primary Registration District No. 1001 — Registered No. 1268

9 City St Joseph (No. 1320 Penn street St. Ward)

2. FULL NAME Mary J Wandell

(a) Residence, No. 1320 Penn street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? 58 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 Horrace H Wandell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1863

7. AGE: YEARS 70 — MONTHS 1 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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

8 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London England

FATHER

13. NAME Unk-Conway

31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Unknown

MOTHER

15. MAIDEN NAME Unknown

31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Horrace H Wandell 1320 Penn st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE Dec. 23 1933

19. UNDERTAKER (ADDRESS) W. O. Sidenfadn 1802 Union st St Joseph Mo.

20. FILED DEC 21 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Dec. 22, 1933, to ....., 19....

I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 12NOON.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset

46-D

Other contributory causes of importance: No facts

Name of operation none — Date of ....

What test confirmed diagnosis? Clin Trst — Was there an autopsy? no

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? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forrest Thomas Coroner M.D.

(Address) 801½ Felix St.

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.