

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.

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

Do not use this space.

39435-A.

1. PLACE OF DEATH
 18 County Carter Registration District No. 145
 Township Johnson Primary Registration District No. 5208
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mary Jane Wynn
 (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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
		<u>2</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Carter Co. Mo.

MOTHER FATHER
 13. NAME P. J. Wynn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER FATHER
 15. MAIDEN NAME The Sullivan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo.

17. INFORMANT Mrs. Ed. Wynn
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE McKone Cemetery DATE December 31, 1933
Franklin, Mo.

19. UNDERTAKER Friends B.O. Franklin Co.
 (ADDRESS) _____

20. FILED 1/22 1934 Alexander Johnston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1933, to December 27, 1933
 I last saw h. or alive on December 27, 1933 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Gastro-intestinal and
inflammation
11/27/33
12/27/33
12/28/33
 Other contributory causes of importance:
Stenosis of pylorus
of stomach

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? _____
 If so, specify _____
 (Signed) J. E. Sullivan, M. D.
 (Address) Clonplac, Mo.

