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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
49 County Jasper — Registration District No. 408 — File No. 13247
Township — Primary Registration District No. 3020 — Registered No.
5 City Carthage (No. McCune-Brooks Hospital St. Ward)
7 2. FULL NAME Mary Evelyn Kentner
(a) Residence, No. St., Ward. Golden City, Mo.
(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: 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 Lyman W. Kentner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 17-1900
7. AGE: YEARS 33 — MONTHS 9 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Everton Mo.

FATHER
13. NAME S. B. Hastings
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER
15. MAIDEN NAME Mary Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Lyman W. Kentner Golden City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Golden City Mo. DATE April 19, 1934
19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City Mo.
20. FILED Apr. 19, 1934 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 - 1934
22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1934, to Apr 17, 1934
I last saw her alive on Apr 16, 1934. Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis	
1213	Apr
130 121	1st
	1934

Other contributory causes of importance:
Acute parenchymatous nephritis

Name of operation Appendectomy Date of 4/11/34
What test confirmed diagnosis? Lab-micro. 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) Lloyd B. Clinton, M. D.
(Address) Carthage Mo.