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

APR 29 1935

Do not use this space.

9631

1. PLACE OF DEATH
County Laclede
Township Mayfield
City ~~Richland Mo~~ (No. ..... St. ..... Ward)

Registration District No. 277
Primary Registration District No. 5610

File No. .....
Registered No. 3

2. FULL NAME Mary Irene Wrinkle

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

Length of residence in city or town where death occurred 15 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 Ray Wrinkle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th 1895

7. AGE YEARS 39. MONTHS 10 DAYS 25 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) [illegible]
11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sleeper Mo

FATHER
13. NAME Robert A Logan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianna

MOTHER
15. MAIDEN NAME Mattie Laughton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Havana Ill.

17. INFORMANT (ADDRESS) Mattie Logan Marginal Neb.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nash Chapel DATE 3/30 1935

19. UNDERTAKER (ADDRESS) R. D. Teeper Richland Mo

20. FILED 4-3 1935 C. E. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934, to March 29, 1935. I last saw her alive on March 29, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Cancer of the uterus — Date of onset 1933

48

Other contributory causes of importance:
Unknown

Radium twice in 1934 in St. Louis

Name of operation ..... Date of .....
What test confirmed diagnosis? Bedside 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) Everett A. Oliver, M. D.
(Address) Richland, Mo.