

AUG 9



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

Do not use this space.

791  
1003

24416

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. ....) City.....

File No.....

5789

Registered No.....

St. .... Ward.....

## 2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Mabel Clynes

2418 Calumet St. 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)

Married

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

Pat

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

abt. 46

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

House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

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)

Perry County Mo.

13. NAME

Howard Kene

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

15. MAIDEN NAME

Emma Taylor

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

Mo.

17. INFORMANT (ADDRESS)

Wm J. Taylor City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Circles Del

DATE

July 9 1935

19. UNDERTAKER (ADDRESS)

R. H. Bredbeck

20. FILED

-6 1935

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

7/5 1935

22. I HEREBY CERTIFY, That I attended deceased from

6/19 1931, to 7/5 1935

I last saw her alive on 7/5 1935. Death is said

to have occurred on the date stated above, at 7:00 am.

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

Arterio sclerosis  
Myocarditis, chronic

Date of onset

Other contributory causes of importance:

93C

Name of operation

none

Date of

What test confirmed diagnosis? Autops. Was there an autopsy? Yes

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)

A. Bredbeck M. D.  
City Mo.

(Address)

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.

WHILE I LABOR, WITH AN AILING PATIENT, THIS IS A FAMILIAR RECORD

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