

SEP 2 1 1935

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

Do not use this space.

26882

1. PLACE OF DEATH

County Laura Registration District No. 420
Township W. Mt. Vernon Primary Registration District No. 5633
City (No. St. Ward)

File No. _____
Registered No. 10513
St. _____ Ward _____

2. FULL NAME

Mrs. Lena Pentz
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-26-94</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>5</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housework</u>		
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) <u>Clarksburg, W. Va.</u>		
13. NAME <u>John Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Mo.</u>		
15. MAIDEN NAME <u>Sarah Merrill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>		
17. INFORMANT <u>State Records</u> (ADDRESS) <u>W. Vernon</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neesho, Mo.</u> DATE <u>Aug. 20 1935</u>		
19. UNDERTAKER <u>Phillips & Farrell</u> (ADDRESS) <u>W. Vernon</u>		
20. FILED <u>8/20 1935</u> <u>P. A. Polaris</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1935 to 8/19 1935
I last saw her alive on 8/15 1935. Death is said to have occurred on the date stated above, at 8:57 a.m.
The principal cause of death and related causes of importance were as follows:
Subchronic Tuberculosis
Date of onset Jan. 1934

Other contributory causes of importance:
none

Name of operation none Date of _____
What test confirmed diagnosis? Sab 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) J. B. Stokes, M. D.
(Address) W. Vernon, Mo.

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.

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