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.

32571

1. PLACE OF DEATH DEC 18 1935

47 County Iron — Registration District No. 391 — File No.

Township ~~Arcadia~~ — Primary Registration District No. 4230 — Registered No. 49

2 City Fronton (No. , St. Ward)

6 2. FULL NAME Mary Eliza Bainhouse

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

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: Dr. E. L. Bainhouse ~~Married~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1867, Aug 2

7. AGE: 35 — YEARS: 68 — MONTHS: 2 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

2 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

1 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark, Co. Missouri

FATHER

2 13. NAME: Josiah McDaniel

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Jane Ireland

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

17. INFORMANT (ADDRESS): Mrs Roger Wilburn Fronton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE Oct 14 1935

19. UNDERTAKER (ADDRESS): Arcadia Valley Und Co Fronton, Mo. Riche & Sparks

20. FILED Nov 13, 1935 R. A. Rascher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1935, to 10-12, 1935

I last saw her alive on 10-12, 1935. Death is said to have occurred on the date stated above, at 1210 p.m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) George W. Ly, M. D.

(Address) Fronton - Mo