

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

Do not use this space.

53

FEB 17 1936

1. PLACE OF DEATH

County Cedar  
Township Acacia  
City Waverly (No. ....)

Registration District No. 25  
Primary Registration District No. 50325

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Mary Anna Fennel

(a) Residence, No. .... St., .... Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hubert Fennel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 23, 1855</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Same</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Falia Mo.</u>		
FATHER	13. NAME <u>Minold Kemsting</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Antoinette Foubler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mindel Fennel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Martinique</u> DATE <u>2-1-36</u>		
19. UNDERTAKER (ADDRESS) <u>Waller's</u>		
20. FILED <u>Jan 20 1936</u> <u>Mary C. Jacobs</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1935 to Jan 29, 1936

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:  
Paralysis of right side down to a plexus Date of onset 11-10-35

Other contributory causes of importance:  
arterio-sclerosis known

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical 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) W. S. McNeal, M. D.  
(Address) Ladonia 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.

