

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.

DEC 18 1936

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

Do not use this space.

41620

P. M. James

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper

Registration District No. 411
Primary Registration District No. 3237

File No. _____
Registrar No. Anderson

2. FULL NAME

Kady Kate Wren
(a) Residence, No. 3237 N. Anderson ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 - 1871

7. AGE YEARS 65 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
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) Ill

FATHER 13. NAME N. Whittle

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

MOTHER 15. MAIDEN NAME Martha Dew

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

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMAIN PLACE DATE Forest Park 11-21-36

19. UNDERTAKER (ADDRESS) Humbert Land Co

20. FILED 71-20 1936 Ed D James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1936 to 11-19, 1936
I last saw h. alive on 11-9, 1936 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cardio-Renal Disease Date of onset ?
Hypertension
General Edema

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clines 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? _____

If so, specify _____

(Signed) P. M. James M. D.
(Address) Jasper, Mo.

