

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Macon
Township Warrens
City Free Co (No.)

Registration District No. 835
Primary Registration District No. 8720

File No. 16924
Registered No. 114
St. Ward)

2. FULL NAME Mary Kenoyer

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to March 3, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 - 1870

I last saw h. r. r. alive on March 3, 1937. Death is said to have occurred on the date stated above, at 9 A. m.

7. AGE YEARS 67 MONTHS — DAYS 15 If LESS than 1 day, hrs. or min.

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

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

Bronchial Pneumonia
Cancer of Stomach

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

Other contributory causes of importance: 4/10

12. BIRTHPLACE (CITY OR TOWN) Macon Co (STATE OR COUNTRY) Mo

13. NAME Joe Harrington

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? no

15. MAIDEN NAME Sarah B

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Carlos Kenoyer (ADDRESS) Wells Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Sales Cem DATE May 6 1937

Manner of injury Nature of injury

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

20. FILED May 10 1937 Jela King Registrar.

(Signed) Daniel E. ..., M. D.
(Address) Jacksboro

