

JAN 25 1938

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

Do not use this space.

46777

47158

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

1. PLACE OF DEATH

County North Registration District No. 903
Township Springfield Primary Registration District No. 6211
City North (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence No. Mary Bell Danner St. _____ Ward _____
(Usual place of abode) North Mo (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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Danner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1876-5-29</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>6</u>
	DAYS <u>22</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>Housewife</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	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana Tipton County</u>	
	13. NAME <u>Samuel Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
	15. MAIDEN NAME <u>Sarah Lantfair</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>	
17. INFORMANT (ADDRESS) <u>John Danner North Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Grand City Cemetery Dec 23 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Naves Andrews Wash Mo</u>		
20. FILED <u>1/8</u> 19 <u>38</u> <u>Jed Mull MD</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936, to Dec 16 1937

I last saw her alive on Dec 16 1937. 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:

Pulmonary Tuberculosis Date of onset 1936

Other contributory causes of importance:
Tuberculosis & Joint

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) Charles H. Kelleman MD

(Address) Geary 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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