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.

File No. 2444
Registered No. 17

1. PLACE OF DEATH
County: Clay
Township: Kearney
City: Kearney (No. ..... St. ..... Ward)
Registration District No. 200
Primary Registration District No. 4120

2. FULL NAME: Mariah Frances Gaines 5.9.0

(a) Residence, No. ..... 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: John Gaines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10 - 1886

7. AGE: Years 51 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23
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): Missouri

FATHER
13. NAME: John S Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Sarah Frances
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): John Gaines, Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Olivet DATE: Nov - 17, 1937

19. UNDERTAKER (ADDRESS): Leonard Fry, Kearney Mo

20. FILED: 11/17, 1937 Thos. L. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov. 15, 1937
I last saw her alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 10 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis. Dr Compensated Mitral Insufficiency	Several years Back
13 1	

Other contributory causes of importance:

Severe atheroma	Years Ago

Name of operation: none 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 town 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) John T. Grace, M. D.
(Address) 182 Excelsior Springs Mo

RECEIVED FEB 28 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH