

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

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.

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francis
Township Randolph
City Franklin Clay (No.)

Registration District No. 33
Primary Registration District No. 6024B

File No. 11954
Registered No. 5
St. Ward)

2. FULL NAME

Dora D Areny 652

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

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 Edward Areny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 23

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.
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) Kentucky

MOTHER FATHER 13. NAME Dock H. Wyatt

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

15. MAIDEN NAME Sarah Parker

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

17. INFORMANT Edward Areny
(ADDRESS) Franklin Clay Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Caldonia Centy DATE Mar. 7 1938

19. UNDERTAKER J. S. Boynton
(ADDRESS) Leadwood Mo.

20. FILED 3-10 1938 W. E. Aylmshon
Per B. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 21, 1937, to March 5, 1938
I last saw her alive on March 5, 1938. Death is said to have occurred on the date stated above, at 12 m.

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

Cerebral hemorrhage
59

Other contributory causes of importance: Diapetes Mellitus
Arteriosclerosis
Arteriosclerotic Nephritis

Name of operation none Date of operation
What test confirmed diagnosis? none 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) John W. Hunt, M. D.
Leadwood Mo.
701 (Address)

