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 MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger — Registration District No. 67 — File No. 5843

Township Lorance, — Primary Registration District No. 5102 C — Registered No. 3

City Marble, Hill Mo, (No. ..... St. ..... Ward)

2. FULL NAME Mary Ann Kinder

(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: Ed Kinder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr, 10th 1865

7. AGE: YEARS 73 — MONTHS 10 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House, Keeper.
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): Cape, County, 0

FATHER

13. NAME: Henry Penturf. 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know, 9

MOTHER

15. MAIDEN NAME: Poston.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know,

17. INFORMANT (ADDRESS): Glenallen Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hahn Chappell DATE Feb, 19th 1939

19. UNDERTAKER (ADDRESS): Baker Funeral Home, Lutesville, Mo,

20. FILED 3-9 1939 Mrs H. A. Illers Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb, 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Feb, 17, 1939
I last saw her alive on Feb, 17, 1939. Death is said to have occurred on the date stated above, at 11, 45 mA
The principal cause of death and related causes of importance were as follows:

Valvular heart disease — Date of onset 4 or 5 yrs.

131

Other contributory causes of importance: Chronic nephritis

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?
If so, specify
(Signed) J. A. Van Amburgh, M. D.
(Address) Lutesville, Mo.

68