

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

Do not use this space.

805

1. PLACE OF DEATH

County Cooper Registration District No. 224
 Township North monitau Primary Registration District No. 5369
 City (No. St. Ward)

2. FULL NAME

Mary Ann Earnst
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Casper Earnst</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10th 1849</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>8</u>
	DAY <u>1</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
10. NAME OF FATHER <u>Archibald Friday</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>		
12. MAIDEN NAME OF MOTHER <u>unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
14. INFORMANT <u>E. J. Bentz</u> (Address) <u>Prairie Home mo.</u>		
15. FILE <u>1-14-29</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 5 1929, to Jan 10 1929, and that I last saw h.e. alive on Jan 10 1929, and that death occurred, on the date stated above, at 39 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
Senility
 (duration) yrs. mos. da. 10

CONTRIBUTORY (SECONDARY) unknown
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At place of death
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT BEST CONFIRMED DIAGNOSIS?
Chemical symptoms
W. S. Jackson, M. D.
Practical, under head
of the
 *Since the DISEASE CAUSING DEATH, or its origin from VIOLENT CAUSES, OR (1) MEANS AND NATURE OF DEATH, OR (2) THE GENERAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL monitau Ev. Cem. DATE OF BURIAL 1-15 1929

20. UNDERTAKER C. Albert Hornbeck ADDRESS Prairie Home 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.

21 1929
 27
 0
 0
 262
 2
 9
 10

