

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

Do not use this space.

26143

1. PLACE OF DEATH

County Shannon
Township Ark
City _____ (No. _____) St. _____ Ward _____

Registration District No. 834
Primary Registration District No. 6097

File No. _____
Registered No. _____

2. FULL NAME

Merthi Horrell

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Feb. 5, 1912

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

16

5

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Brownwood

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Jesse Horrell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Glen Dale

(STATE OR COUNTRY)

Ind.

12. MAIDEN NAME OF MOTHER

Norma Steen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Glen Dale

(STATE OR COUNTRY)

Ind.

14.

INFORMANT
(Address)

Jesse Horrell
Brownwood Mo.

15.

FILED 7-6, 1928

N. McReary

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-6-1928

17.

I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 3, 1928 that I last saw her alive on July 3, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Leptomeningitis

99A

79A

(duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY)

discharging ear

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

NO DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. C. E. Lewis, M. D.

7-6, 1928 (Address) Admarch, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Brownwood Cem, Mo

7-8 1928

20. UNDERTAKER

C. O. Riggs,

ADDRESS

Admarch, 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.

