

3 1933

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

Do not use this space.

2882

1. PLACE OF DEATH

91 County Ripley
Township Warren
City Warren

Registration District No. 751
Primary Registration District No. 5992

File No. 7
Registered No. 447
St. _____ Ward _____

2. FULL NAME

X Melba Everhart

(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. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
8 6 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Butte Co
(STATE OR COUNTRY)

10. NAME OF FATHER L S Everhart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forest Grove
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Emma

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Orly Mo
(STATE OR COUNTRY)

14. INFORMANT L S Everhart
(Address) Orly Mo

15. FILED 1/15 19 33 Everhart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1933 to Jan 14, 1933 that I last saw her alive on Jan 13, 1933 and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scarlet Fever
8 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

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? clinical
(Signed) Streibelt M. D.
1/15 1933 (Address) Naylor St

*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 Center Hill Cem. DATE OF BURIAL 1/15 1933

20. UNDERTAKER none officiated
ADDRESS _____

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.

WITH-ON-PAGING-THE-THIS IS A PERMANENT RECORD

