

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.

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

Do not use this space.

OCT 25 1935

30071

1. PLACE OF DEATH
 County Madison Registration District No. 538
 Township Fredericktown Primary Registration District No. 3628
 City Fredericktown No. _____ St. _____ Ward _____

2. FULL NAME Emma Burr Mentzer
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 3 - 1872

7. AGE YEARS 63 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1935, to Sept 18 1935.
 I last saw her alive on Sept 18 1935. Death is said to have occurred on the date stated above, at 7:00 m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108

Other contributory causes of importance:

Date of onset Sept 12

12. BIRTHPLACE (CITY OR TOWN) Fredericktown (STATE OR COUNTRY) Mo

FATHER 13. NAME James McKimney
 14. BIRTHPLACE (CITY OR TOWN) Heinsburg Tenn (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mildred Cornwell
 16. BIRTHPLACE (CITY OR TOWN) Parisburg (STATE OR COUNTRY) Tenn

17. INFORMANT Estelle Bessie (ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Sept 20 1935

19. UNDERTAKER Ed. Hellett (ADDRESS) Fredericktown Mo

20. FILED Sept 20 1935 S. C. Slaughter Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
 If so, specify _____ (Signed) E. E. Higgins, M. D.
 (Address) Fredericktown, Mo

By E. A. Schwaner

