

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 21 1936

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

Do not use this space.

40797

1. PLACE OF DEATH

County *St. Francois*
Township " "
City *Flat River, mo.* (No.)

Registration District No. *772*
Primary Registration District No. *4463*

File No. *254*
Registered No.
St. Ward)

2. FULL NAME

Little Mary Lou Cheley
(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White-Cauc* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *chd.*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 6 - 1934*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *15*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*
10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation *none*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iron Mountain, mo*

FATHER 13. NAME *Burton J. Cheley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Paducah, mo.*

MOTHER 15. MAIDEN NAME *Fern Brown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iron Mountain*

17. INFORMANT *Mr B J Cheley* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *December 21* DATE *at Iron Mountain, mo* 19

19. UNDERTAKER *Alvin W. Hood* (ADDRESS) *Flat River, mo.*

20. FILED *Dec 27 1935* *B. Starr* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 20* 1935

22. I HEREBY CERTIFY, That I attended deceased from *Dec 18*, 1935, to *Dec 20*, 1935
I last saw her alive on *Dec 20*, 1935. Death is said to have occurred on the date stated above, at *6:30 p.m.*
The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset *12-10-35*

Other contributory causes of importance:

Name of operation *none* Date of
What test confirmed diagnosis? *Lab* 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? *no*

If so, specify (Signed) *J. J. Margulies, M.D.*
(Address) *Flat River, mo.*

