

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

Do not use this space.

JUL 24 1936

23010

1. PLACE OF DEATH.

County Cassion Registration District No. 399
 Township Dixon Primary Registration District No. 1002
 City Kennett (No. 450) (City of Gen. Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 2-23
 St. _____ Ward _____

2. FULL NAME

Edna Femilez
 (a) Residence, No. 4419 Walrashe 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1936 to 6-18 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 1897

I last saw her alive on 6-15 1936 Death is said to have occurred on the date stated above, at 4:50 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mln. 39 3 11

The principal cause of death and related causes of importance were as follows:

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

Chronic Myocarditis
Chronic Nephritis
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Other contributory causes of importance:
Pneumonia

13. NAME Daved

Name of operation none Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide Violence Date of injury 18
 Where did injury occur? _____
 Specify city or town, county, and State)

15. MAIDEN NAME Belle Whittles

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Deputy Clerk
450 Gen. Hosp

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain DATE 6/21 1936

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

19. UNDERTAKER (ADDRESS) Quinn & John

(Signed) J. J. [Signature] M. D.
 (Address) 450 Gen. Hosp

20. FILED 6/21 1936 M. Brown
 Registrar.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of cause of death is necessary for proper classification.

