

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Scott*
Township *Chaffee*
City *Chaffee* (No.)

Registration District No. *816*
Primary Registration District No. *4492*

File No. *13766*
Registered No. *9*
St. Ward)

2. FULL NAME

(a) Residence, No. *126 North Main* St. *3* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *6* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *P. C. Turner*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 8 - 1897*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

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) *March 1937* 11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Metopahully*13. NAME *Frank Neal*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Metopahully*15. MAIDEN NAME *Stella Pierce*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Metopahully*17. INFORMANT *P. C. Turner*(ADDRESS) *Chaffee Mo*18. BURIAL, CREMATION, OR REMOVAL *Chaffee Mo*PLACE *H. P. Co* DATE *Mar 25 1937*19. UNDERTAKER *Stella Turner Home*(ADDRESS) *Chaffee Mo*20. FILED *3/23* 19*37* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 21st 1937*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *11:55 p.m.*

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

Acute Myocarditis Date of onset

Other contributory causes of importance:

Acute Indigestion and Smothering spells

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?

If so, specify.....

(Signed) *John P. Munnellee Jr. M.D.*
Wardner Bledgett, Mo.
Scatt Co.

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.

