

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No. _____ St. _____ Ward)

Registration District No. 796
Primary Registration District No. 3038

File No. 46840
Registered No. 215

2. FULL NAME

(a) Residence, No. My State Shop St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 2 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schenley Co. Mo.

13. NAME D. K.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Mo. State School record Marshall mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. State School Dec 30 1937

19. UNDERTAKER (ADDRESS) Campbell Marshall mo.

20. FILED 12-30-37 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936, to Dec. 29, 1937
last saw her alive on Dec 25, 1937. Death is said

to have occurred on the date stated above, at 1:15 Am.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Congenital

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) M. K. Pope, M. D.
(Address) Marshall Mo.

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a letter, with various headings and sub-sections. Some discernible words and phrases include:]

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

[The body of the document contains several paragraphs of text, with some lines appearing to be bolded or underlined. The text is too light to transcribe accurately.]

Very truly yours,
[Illegible Signature]

[Illegible Title]

[Illegible Date]