22

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

Do not use this space. 3675

1. PLACE OF DEATH
(a) County Perry
(b) Township Saline
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 668
Primary Registration District No. 58 75
Registered No. 37

2. PRINT FULL NAME Ethel Moll 400
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Albert Moll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 1915

7. AGE: Years 22 | Months 9 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
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) Perry Co Mo

FATHER
13. NAME Thomas Holliday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo.

MOTHER
15. MAIDEN NAME Lena Mallingly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Albert Moll St Mary

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Jan 15 1938

19. FUNERAL DIRECTOR (ADDRESS) Young & Sons Perryville Mo

20. FILED 1-14 1938 J. F. Graff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1938, to 1-13, 1938
I last saw her alive on 1-12, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess	1-6-38

Other contributory causes of importance:
Chr. Tonsilitis
Chr. appendicitis

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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) France J. Bredell, M. D.
(Address) Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

78

APR 21 1946

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Wallace Young, Licensed Embalmer No. 4027

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wallace You

L. E.

No. 4027 or by, Registered Apprentice No.

working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

3675
Do not use this space.

1. PLACE OF DEATH
(a) County Perry Registration District No. 658
(b) Township Saline Primary Registration District No. 3875 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethel Moll
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 22 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Brain abscess (mixed infection)

Date of onset

Other contributory causes of importance:
Chronic Tonsillitis
Chronic appendix

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) Jerome J Bredall M. D.
(Address) Perryville Mo

SUPPLEMENTARY

...S PRESCRIBED BY LAW.
...UNTIL THEY

S-3675 1938